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# THE HISTORY, PREPARATION AND THERAPEUTICAL USES OF THE CITRO-AMMONIACAL PYROPHOSPHATE OF IRON, NAMED IN BRIEF PYROPHOSPHATE OF IRON.*

By E. N. Chapman, A.M., M.D., Prof. of Therapeutics and Materia Medica, Prof. of Clinical Obstetrics, and Physician in the Long Island College Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

It is only a few years since any attempts, successful at least, have been made to obtain the pyrophosphatic ferruginous salts. No earlier than the year 1847 M. Persoz published a noteworthy memoir on the signal advantages that might be attained, in his estimation, from the medicinal employment of the pyrophosphate of iron. This salt, which had presented almost insuperable difficulties from its insolubility, was discovered by him to be rendered sparingly soluble by association with the pyrophosphate of soda.

Subsequently, in the year 1849, M. Leras (Inspecteur d'Académie à Quimper et Docteur des Sciences) presented to the Institute at Paris a paper on this preparation—the pyrophosphate of iron and soda—in which he claimed for it marked superiority over all the other forms of iron; particularly in regard to its more ready and certain absorption. Leras's salt is, in solution, of a white color; has an unpleasant saline taste from the soda, and possesses but feeble powers as a tonic. The solubility of the iron is slight by this chemical union. Only two and a half grains of each salt are contained in a fluid ounce of the preparation.

Following the appearance of M. Leras's memoir, attempts were made by several chemists to render the pyrophosphate of iron soluble by the intervention of some other chemical agent, but unsuccessfully. In 1857, M. Robiquet discovered that by associating the pyrophosphate of iron with the citrate of ammonia, a preparation was attained that was, according to hisassertion, tasteless; soluble in almost any proportions, in water, and unchangeable by keeping.

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* The historical portion of this article is gathered from the Journal de Chimie Medicale, May, 1857 ; Journal de Pharmacie et de Chimie, October, 1858 ; and the American Journal of Pharmacy, September, 1857.

He also claimed that the iron existed in a latent or disguised state, by a peculiar chemical union, which better fitted it for absorption, and enabled us to administer it in connection with many agents that were incompatible with all the other salts of this metal. He stated that no precipitate was caused by cinchona, vegetable bitters or astringents, ammonia and the carbonate of potash or soda; and that the iron could not be detected by ordinary reagents. Having procured, through the kindness of my friend, Mr. E. Fougera, a sample of Robiquet's syrup from his agents in Paris, I found it of a straw color, with a slightly greenish cast, neutral to test paper, and nearly devoid of taste excepting from the sugar it contained. Ammonia turned this syrup to a black color immediately, but carbonate of soda or potash only caused this change by standing several hours. The dark hue remained permanent, without the formation of a sediment. All vegetable infusions or tinctures containing tannin caused a precipitation of iron, either directly or after a few hours, excepting the wine of bark, which being added to the syrup in an equal or less proportion, no change was observable in ninety days. When the wine was added in excess, an inky-colored mixture was formed, and this the more rapidly the greater that excess. In fact, contrary to the assertions of Robiquet, tannin was found to be as sensitive a test for iron in his salt as in any of the others of this metal. One drop of his syrup added to twelve ounces of water containing a small proportion of tannin, caused a notable change in color. We must, therefore, in prescribing the pyrophosphate, avoid the same articles in combination that are incompatible with any of the martial salts, excepting the wine of bark in a less or equal proportion of the syrup.*

The first attempts in this country to manufacture this new salt failed to conform to all the steps of the process. In the *American Journal of Pharmacy*, Sept., 1857, the Editor states that "the want of clearness" in Robiquet's paper "leaves one in doubt in regard to the mode of making the preparation"; that the neutral citrate of ammonia would not dissolve the pyrophosphate, but that it was requisite to add the ammonia in excess.

Robiquet's formula is as follows:—dissolve by heat in a neutral solution of the citrate of ammonia a determinate proportion of the pyrophosphate of iron. When this becomes clear, allow it to boil for a few minutes; filter and add sugar. This syrup should be of a straw color, with a slightly greenish cast, and devoid of taste. By rendering the citrate of ammonia alkaline, "a reddish-brown solution, with a slight ammoniacal saline taste," is obtained.

It will be found that the pyrophosphate will dissolve readily in the citrate of ammonia, with either the alkali or the acid in excess. In neither case shall we have a tasteless syrup, or one that possesses the advantages of the genuine salt. The alkalinity or acidity of the preparation would render it objectionable in many cases of disease; the first gives it an inelegant and unsightly appearance, and a repugnant taste, which destroys its great recommendation—tastelessness—that so well adapts it for captious stomachs and for the case of children; the second might cause in certain habits gastric derangement, disorder the digestion and produce griping, flatulence and purging. It is requisite, in testing the claims of any new remedy to our notice, to have it conformed rigidly to a fixed standard; especially where, as in the present instance, iron, that would be efficacious in any combination, enters into the formula, and our object is to discover whether a particular ferruginous salt has any advantages over others. Having used extensively, both in private and public practice, for the last three years, this new preparation, and having observed in it powers over and above those possessed by iron singly, I was anxious to discover whether it was possible to conform strictly with the formula of Robiquet. By the kindness of Mr. E. Fougera, Pharmaceutist of the Long Island College Hospital, who had supplied me with this syrup, conforming in color and tastelessness to the imported article, I was allowed the opportunity of witnessing his mode of preparation.

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* Robiquet's syrup contains about one grain to the drachm.

The pyrophosphate of iron, a white and tasteless powder, resembling prepared chalk, was obtained as a gelatinous precipitate in the reaction between the pyrophosphate of soda and the tersulphate of iron in solution. A given proportion of citric acid in solution is neutralized by liquor ammoniæ, as shown by test paper, when the pyrophosphate is added, and the liquid boiled until the salt is dissolved. We now have the citro-ammoniacal pyrophosphate of iron in solution; from which we may obtain the solid salt by evaporating to a thick consistency, and then spreading the product on large plates of glass. It takes the form of lamellæ of greater or less thickness; these, when thin, are flaky, brittle, and of a yellowish-green color, but when more massive are of a duller and deeper green, and of a resinous appearance. This salt, which has a slightly saline taste, may be made into pills, or dissolved in water in any proportion, by the aid of heat. The solution does not require any addition to disguise it, as the saline taste is trivial and not unpleasant, though sugar and a flavoring ingredient may be added to suit the caprices of patients. Syrup completely conceals the iron and renders the preparation tasteless. This may be made of any desired strength. I usually give from three to five grains of the pyrophosphate three or four times a day.

The solid salt contains its ingredients in the following proportions to the hundred parts:—

| | |
|---|---|
| Pyrophosphate of iron (anhydrous) - - - - - | 48.8 |
| Citrate of ammonia (neutral) - - - - - - - | 34.66 |
| Water in combination - - - - - - - - - | 16.54 |
| Total - - - - - - - - - - | 100.00* |

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* See American Journal of Pharmacy, January, 1860, p. 39.

The 48.8 parts of the pyrophosphate contain 7.27 of metallic iron. It is a sesqui-salt, represented by the formula $2\ Fe^2\ O^3, 3PO^5$, and formed by the reaction between three equivalents of the pyrophosphate of soda $3\ (2\ NaO, PO^5)$ and two of the tersulphate of iron $2\ (Fe^2\ O^3, 3\ SO^3)$.

The citro-ammoniacal pyrophosphate of iron affords certain marked advantages over the preparations of iron hitherto in use. Its tastelessness, in solution with sugar, and elegant appearance, in our day, when the nauseous doses of the older practitioners will not be tolerated, is an important item in the case of children, or adults even, when the employment of a remedy is demanded for a period of time. There is every reason for presenting our medicines in as palatable and pleasant a form as possible. In addition, there are many persons of a nervous, delicate organization, particularly females, who cannot take the ordinary preparations of iron. They disorder the stomach—in their language are too heating—and thus not only fail to be assimilated, but, by perverting the gastric and intestinal secretions, seriously interfere with the digestion. Hence, instead of enriching the blood by new materials, we are merely cutting off the original supply, imperfect as it is, and making the gastric surfaces a centre of morbid irritation. We observe a similar but more complete abeyance of the nutritive functions, in most patients much reduced by an exhausting disease. However much iron may be indicated, it cannot be borne, much less appropriated by the absorbents, until the digestion is restored by bitters and stimulants.

A marked peculiarity in the pyrophosphate of iron is the fact that it will, scarcely ever, in any of these cases disagree, and very frequently patients who cannot tolerate the ordinary forms of iron, will bear this well, and receive great benefit from its use. Like the others, it may fail to add to the blood a richer pabulum, from some fault in the vital processes of nutrition; yet unlike these, it will not aggravate the disorder for the relief of which it was given. Where the digestive powers are unimpaired, it matters little what preparation is selected, as far as its tonic action on the blood is concerned; since all—certain chemical reasons to the contrary notwithstanding—will fulfil this indication satisfactorily. The new salt will supply the iron to the blood-globules as promptly, but not more so, than the others.

It has, however, another and more important property, which has entirely escaped attention; that adds new virtues to the iron and bestows on this special compound advantages possessed by none other in the Materia Medica. These arise from the pyrophosphoric acid. This acid, or the element, phosphorus—which, has not been definitely determined by chemists—exists alone in a free state in the great ganglionic nervous centres. According to Frémy, the phosphorus is combined with the brain-fat, forming what he calls the oleo-phosphoric acid. This, by boiling for some time in alcohol or water, splits up into olein and phosphoric acid. This brain-fat, cerebric acid or cerebrin, is the protein-body of the nerve-centres, and its great peculiarity is the amount of phosphorus it contains. Frémy makes it 9 parts to a 1000. There are many other protein-bodies with specific properties that affect peculiar vital transformations, such as, for example, the nitrogenized element in the gastric juice, the pancreatic secretion, casein and the albumen of eggs or blood. This nitrogenized element, by its presence, without any chemical union with the other ingredients, forms a great diversity of new compounds from the same plasma; as, for example, the various secretions from the same blood.

It is, at the present time, tolerably well established (Virchow, Kölliker, Bennett) that all life starts from and is sustained by the agency of cell-growth, and that even morbid actions form no exceptions, but are carried on by the same organic forces. These cells, in their walls, nuclei and contents, contain a peculiar and distinctive protein-body; and being distributed universally in the solids and fluids of the body, are the great vital factors—the pervading life-force—by which organic functions are manifested. Formerly, it was thought that the peculiarities of this nitrogenized, albumenoid substance or protein-body, were due to the nitrogen in its composition, but it has since been found that phosphorus and sulphur are usually present. Both of these are contained in the albumen of the egg or of the blood, and in the casein of milk—fluids that contain every element necessary for the perfect development of living creatures. Milk is the most perfect type of the various constituents and their proportions that should exist in our diet.

| Nitrogenized elements in Albumen (Mulder). | | Nitrogenized elements in Casein. | |
|---|---|---|---|
| Carbon | 52.97 | Carbon | 53.61 |
| Hydrogen | 6.81 | Hydrogen | 7.11 |
| Nitrogen | 15.11 | Nitrogen | 15.47 |
| Oxygen | 23.54 | Oxygen | 17.99 |
| Sulphur | 1.57 | Sulphur | 1.11 |
| Phosphorus | .40 | Phosphorus | .74 |

It thus appears evident that phosphorus holds an important place amongst the other elements that contribute to cell-life and nerve-power; but as all nitrogenized food contains it in the same proportions as it exists in the human organism, we cannot select a better remedy for defective nutrition than these ready-formed products. We should naturally suppose, what I have found by experience, that animal food would be the proper agent to restore flesh to an emaciated patient, since it contains each constituent necessary to its formation. At least, I have not found the phosphoric acid to add anything to the iron in such cases. Phosphoric acid united to a base—lime—exists in all the fluids and solids of the body. The phosphate of lime is formed in the vegetable from the elements in the soil; whence we derive it directly, or secondarily, through animals who have fed upon them. The phosphatic salts are received as such, and are probably carried through the blood to the solids, particularly to the bones, without suffering decomposition and re-construction; excepting, perhaps, in a small ratio. It scarcely could be requisite, when the supply presented to the stomach is always so abundant, to administer any phosphatic salt for the purpose of adding the phosphate of lime to the blood and thence to the bones. The defect of this saline in the bones is not due to the lack of the elements in the food, but to a fault in nutrition. When this is obviated, the common articles of diet will supply all the materials required. We conclude, therefore, that phosphorus is not demanded medicinally to build up the nitrogenized tissues of our bodies, nor are the phosphates to form the bones, since they are all presented to the blood in great abundance.

Phosphorus is regarded by therapeutical writers as a cerebral stimulant, exalting nerve-power directly, but the action of the heart indirectly, and only in a moderate degree beyond the normal tension. Of all the organs, the reproductive are most sensibly affected; a fact satisfactorily accounted for in the male by our knowing that the semen contains, according to Kölliker, over two per cent of a phosphoretted fat. As throughout nature nothing is without a use, and every element has an importance, though we may fail to discover it; so we may safely conclude that phosphorus must exist in the nervous centres and the spermatic fluid as an integral constituent in their chemical composition. Probably it plays an important part in the normal excitability, and is intimately connected with the manifestation of mind, and the generation of the nervous influence.

In many conditions occurring in disease there might be a lack of this constituent, in a due proportion; precisely as there is of iron in anæmic states of the blood, when our only resource would be to present it in some assimilable form to the system, as there are no substitutes for the elementary bodies. In the case of phosphorus, here has always lain the difficulty: undergoing a slow oxidation or combustion at ordinary temperatures, even when floating on water, its substance would be burnt in the stomach, and a small particle adhering to the mucous surface would occasion irritation or inflammation. It could not be absorbed as phosphorus, and could only be remedial by the phosphorous and phosphoric acids that are formed. These would undoubtedly combine in the stomach with earthy or alkaline bases, and be reduced to the state of the phosphates existing in the food. These, we know, suffer but little change in the blood, being found unchanged in all the solids and fluids, but particularly in the bones. From them, however, in normal, healthy nutrition, the phosphoric acid in the nerve-centres must be derived. Should there be a great depression of vital power, the acid is not liberated from its combination, in the same manner, as, we know, the iron is not, from the the materials for digestion. The iron set free by assimilation in the blood is appropriated by the hæmatin; the phosphorus by the brain-fat. In hydræmia we give the iron in an easily assimilated form; one that does not tax the vital powers in separating it from a chemical combination, and straightway the blood begins to regain its color, and strength and vigor are infused into every organ. When a certain stage of recuperation has been attained, as shown by a more florid blood and a stronger pulse, the iron will be readily appropriated from the food, which, normally, is the source whence it is always obtained. The fault, originally, lay not in the absence of iron in the substances presented to the blood, but in an imperfect elaborating power, which failed to assimilate it. In like manner, I think, phosphoric acid may, from the same defect, not be separated from its compounds, and thus the ganglionic nervous centres be wanting in their normal stimulus. Hence would arise many nervous and neuralgic diseases, and nervous complications in many forms of debility. It is necessary for us to pass the phosphoric acid into the blood. This we can only do by giving it in a saline state, with a base that would be assimilated, and thus set it free. This is accomplished by the iron, which we know, in ordinary medicinal doses, is used up in the blood; in other words, is appropriated by the hæmatin, and cannot be detected by any tests. It is a natural constituent in the red globules, and, consequently, not being foreign to the body, behaves precisely as any of the other elementary principles that form its structure. Strictly speaking, it is a food, and must be supplied as much as starch, sugar, oils and flesh.

It is the experience of most practical men that far greater benefit arises from the use of cod-liver oil than any other oil in a variety of diseases; particularly such as are marked by a defective assimilation and a cachectic and depraved nutrition. Most patients, though they may derive no permanent benefit from its employment, improve in appearance, and gain, often in a remarkable degree, in weight. This is, I may say, universal when their digestive powers are sufficiently strong to appropriate the oil. Its manifest good effects have been ascribed to the iodine which it contains, though this exists in an infinitesimal ratio, much too small to act medicinally, according to our ideas of the dose of this element requisite to affect the system. The phosphorus and phosphoric acid, present in a much larger proportion, have been entirely overlooked; whereas, they probably constitute the main difference between it and ordinary oils. This may be more apparent by comparing the following analyses by Dr. De Jongh:

COD-LIVER OIL.

| | Pale. | Pale Brown. | Brown. |
|---|---|---|---|
| Iodine, | $\frac{374}{1000000}$ | $\frac{406}{1000000}$ | $\frac{295}{1000000}$ |
| Phosphoric Acid, | $\frac{913}{1000000}$ | $\frac{789}{1000000}$ | $\frac{536}{1000000}$ |
| Phosphorus, | $\frac{212}{1000000}$ | $\frac{114}{1000000}$ | $\frac{74}{1000000}$ |

We thus see that phosphorus and phosphoric acid together, are found in a greater proportion than 1 part to a 1000, and that this much exceeds that of iodine. Since the proportion of phosphorus in the nerve-centres and in the protein-bodies of the cells is small; even this amount, apparently so trivial, would be ample to supply their deficiencies and thus correct faults in nutrition.

It is thought by physiologists that oil is only formed into an emulsion in the intestines by the pancreatic juice; thus absorbed, and eventually deposited in the cellular tissue in its original state, without experiencing any chemical change. When required by the wants of the system, it is retaken into the circulation, oxidized or burnt in the tissues, and thus becomes the source of animal heat.

Now it is a recognized therapeutical fact, that certain combinations of remedies give a direction and a sphere of operation to their constituents; differing, often notably, from that of the articles when used singly. For instance, the action of the iodide of iron is not expressed by that of iron + that of iodine. By their union not only are new medicinal properties developed, but the iodine, which is speedily passed off through the kidneys, leads the iron, as it were, to seek an exit by the same channel; though the ordinary salts of this metal must be given in very large doses to be detected in the urine. Besides, it must be recollected, that the phosphorus in the oil of the cod, has been united with it by a vital chemistry; and hence will be readily absorbed and deposited in the fat cells, unchanged. Cell-life, being dependent on a protein-body, which contains a certain though small proportion of phosphorus, will be stimulated, by which means emaciated patients will gain largely in fat. When this oil is, in the processes of life, burnt in the tissues, the oxidized phosphorus will both stimulate the nervous centres and the cell-life of every organ, and thus the activity of all the functions will be strengthened and invigorated. This liberation of phosphorus will be slight compared with that set free in the blood by pyrophosphate of iron; since the iron is immediately assimilated and appropriated in the processes of nutrition by the red-globules of the blood. Hence we discover the reason why the oil will augment the deposition of the fat, and, when oxidized, will augment the activity of all the various functions, and why the stimulation from the oil is far less than that from the pyrophosphate of iron. Thus these two medicines afford a means of introducing phosphorus and its acid into the system, a point otherwise difficult to be attained; and secure certain peculiar medicinal results through the nature of their combinations.

Practical, clinical facts, the only reliable foundation for medical practice, confirm, in my experience, the views thus presented on a therapeutical and physiological basis.

We have employed the citro-ammoniacal pyrophosphate of iron, in certain conditions, with the most marked and gratifying results.

Whenever the blood becomes thin and watery, there are, almost invariably, troublesome attendant symptoms, seriously retarding the restoration of the patient to health. In all, there will be a lack of nerve-power, from the hydræmic state of the circulation. Hence, could we, temporarily, augment the stimulating properties of the blood, whilst we are administering the iron, we should prepare the way and present the conditions required for its assimilation, which otherwise might be impossible. Experience has taught most physicians this practical fact, and the indications have usually been fulfilled by the simultaneous use of wine and iron. We have found the pyrophosphate singularly appropriate under these circumstances, and as superior as a natural excitant must ever be over any substitute we may devise. Persons who have been over-worked by mental application and prostrated by disquietude and care, or persons who have a shattered nerve-power from some constant source of bodily suffering, have a thousand anomalous symptoms dependent on an imperfectly generated and distributed nerve-power—such as wakefulness, trembling spasmodic movements, palpitations, &c. For this class of symptoms, the pyrophosphate of iron often affords relief in two or three days; and thus prepares the way for the ultimate cure that may be expected from the martial salts. Many times, patients have expressed wonder at the calming and tranquillizing effects of the medicine; not only in mere functional aberrations and irregularities, but also in cases where actual disease existed in the nerve-centres. In both instances, the stimulation is immediate and transient, and can be of no avail, except by removing irregular nervous distribution; whilst the iron is appropriated more readily by the organic forces now freed from a great source of disorder. A lady in this city, with spinal meningitis in the cervical region, had great feebleness and trembling, but especially paroxysms of an asthmatic shortness of breath, that greatly interfered with the aëration of the blood. The first trial with this remedy removed, in a few days, the severity of the symptoms; so much so, that the patient was enabled to leave her bed. Her breathing was hurried only on exertion. The remedy becoming less potent in subsequent attacks, and then eventually quite useless, was abandoned, and other means were resorted to with the same ill success. The patient, after being under my care, without benefit, for three months, moved into the country, and nothing has been heard of her since. In other instances of anæmia, where time showed an organic basis for the nervousness, a temporary advantage has been gained by this form of iron; showing the stimulation afforded by it to the brain and spinal marrow. This stimulation, although only temporary, is of permanent value in all functional disorders of the nerve-power, where, in the mean time, we can rectify the states on which they are dependent. This is shown markedly in anæmia and chorea united. A young girl, 16 years of age, presented herself at the Hospital Clinique with the symptoms of anæmia, amenorrhœa and chorea. She had been unwell at two periods, four months ago; but since then her turns had failed, and she had become affected by these involuntary motions, which now were so great and uncontrollable as nearly to forbid her standing or walking. She was ordered laxatives for the constipation, which was obstinate; and the pyrophosphate of iron in five-grain doses, after each meal. This was the only treatment, from first to last. Her appetite, which had been capricious and uncertain, returned; the torpor of the bowels became less obstinate, and the involuntary jerkings of the muscles subsided to such a degree that the girl in two weeks walked to the Hospital unattended. In six weeks the menses returned, when the choreaic movements, which had become moderate, were greatly increased during their continuance. In the interval there was a continuous improvement, as the color of the face returned, but only a slight exacerbation during the next period. In three months the restoration to health was perfect. Perhaps the common forms of iron, as I have seen in two or three instances, might have been efficacious and attended with success, but I am confident the first stage of the cure would have been more tedious, from the constant muscular action which exhausts the patient. By the tranquillizing power of the phosphoric acid, the movements were moderated; the patient was enabled to fall asleep readily, which she could not do before, and the assimilation was strengthened, so that food and iron rapidly improved the blood.

In one other case of chorea and anæmia, the same happy result followed this course of treatment.

In palpitation of the heart in anæmic subjects, I have seen many instances of the power of this remedy in removing this symptom long before the blood was restored to its normal condition. But palpitation, when not due to impoverished blood entirely, may be, often times, equally amenable to this remedy.

A lady of this city, 45 years of age, feeble, emaciated, and the subject of paralysis agitans for many years, was tormented by an aggravated form of palpitation of the heart. This, at times, was very severe and persistent, and never benefited by a variety of medicines prescribed by different physicians. The cause of this irregular and tumultuous action was evidently due to a defect in the nervous influence. The pyrophosphate of iron gave her the most prompt and perfect relief, so much so, that she sent a person affected with this disease to my office to obtain the same prescriptions. In this case, also, the result was equally satisfactory. In even more grave disorders of the heart, the value of this remedy has been signally shown.

A young gentleman, 23 years of age, came to my office, suffering fearfully from angina pectoris. He was first attacked five years previously, whilst in the country, and was obliged to give up his employment and travel for his health. After six months respite he obtained some relief, but from that time he had been followed by returns of the paroxysms at frequent intervals, though much less severe until of late, when they had become more grave than ever before. There was a sense of agony; a fear of impending death; and he was conscious of an irregular, tumultuous, labored throbbing of his heart, even in sleep, which was fitful, unrefreshing and disturbed by frightful dreams. His countenance was haggard and bespoke the utmost dejection, and he felt as though his chest was tightly bound by a cord, and as if each pulsation of his heart would be the last.

On examination, no organic disease could be discovered. The heart contracted tumultuously—by fits and starts—with a rolling, tumbling, uncertain action, but spasmodically, and with a sharp, metallic ring. The pulse was irregular and intermittent, and the volume of blood in the artery was uncertain and unequal.

Latterly the young man had been employed in a wholesale dry goods store, in New York, and had passed most of the day on an underground floor. As he appeared to suffer from considerable gastric and hepatic disorder, two cathartic doses of blue mass were given, and followed by vegetable bitters and antacids. These failing, he was ordered assafœtida, valerian, camphor, &c., with the like ill result. At this time, two weeks from his first visit, he was much worse, so much so, that he fell on the floor insensible one afternoon after returning from his business. He was now directed to take the pyrophosphate of iron, in five-grain doses, three times daily, and to omit all other medicines whatsoever. The patient remained under the same circumstances as to air, diet, exercise, &c., and still persisted, from a fear of losing his situation, in going to the store every day. There was a sensible amelioration in the severity of his symptoms almost immediately; which became very apparent in four or five days. Insensibly he began to sleep with tolerable comfort, and to experience a more regular and equable action of the heart. At times, he would lose a sense of his condition, which ever had followed him like a malignant spirit. The change in his countenance, in the state of his pulse and rhythm of the heart, as discovered by auscultation, was remarkable. The improvement was steady but rapid, until the restoration to health was complete, which took place in four weeks, without any change in, or any addition to, the prescription. Now, after an interval of more than two years, he remains in perfect health, and was enabled to rush to arms, with thousands of other compatriots, for the defence of the old flag and the constitution of our fathers. He endured three months' service as readily as the others. Since his return I found, on examination, that his heart acts perfectly and normally.

A young married woman, never pregnant, 34 years of age, was admitted into the Hospital a year since. She was thought by her physicians to have an aggravated, organic heart disease, that had nearly run its course. Her present illness dated back some eight months, and apparently commenced with gastric and hepatic disorder, which gradually induced despondency, nervousness, and palpitation of the heart. She had a sallow complexion, loaded tongue, vomiting, which was frequent, of a bitter matter; a strong, tumultuous and irregular action of the heart, with a metallic ring; a sense of great suffering and a fear of impending death. She was gloomy, hopeless, hysterical, with many shifting neuralgic pains. Shortly before her admission she lost the use of her lower extremities—could not stand, though when in bed she could draw up her feet, but with great effort and difficulty. I could discover in her case no evidences of organic disease, and was inclined to think that when the functional disorders of the liver and digestive organs were corrected, it would be possible to mitigate, at least, the irregular action of the nervous system which was supposed to be mostly of a hysterical character. A variety of means, such as blue mass, bismuth, creosote, quinine and bitters were employed for two weeks or more, to correct the state of the stomach, check the vomiting, and restore the digestion—which objects were partially attained; but the nerve-aberrations continued the same as at first. The pyrophosphate was now given conjointly with vegetable bitters and good diet. The same happy result followed as in the last case. Gradually the use of her limbs, and the regular, natural action of her heart were regained, though from the hysterical element in her case, the restoration to health was not as perfect or permanent as that of the young man just mentioned. She dwelt constantly on her troubles, and being much alone and neglectful of exercise, she relapsed, six months after dismissal, and was again treated in the same way, and in three weeks regained her usual health. During the present month I was called to her house and found her with the old symptoms, which she said had been coming on ever since the absence of her husband in the army. She requested the same medicine which had, the other times, been followed by such marked relief to the symptoms. Its power was equally apparent as before. For all the varied and anomalous symptoms of hysterical patients, which are usually some phase of irregular distribution of the nervous influence, the pyrophosphate acts with singular efficiency; diffusing and equalizing the nerve-power, and thus secondarily restoring a more active capillary circulation and a more healthful play of all the functions. Cases illustrative of this point are unnecessary in the milder forms of nervous disease, since the claims of our remedy are sufficiently vindicated in the severer ones hitherto mentioned.

The pyrophosphate of iron has another property scarcely to be expected, and one we should never discover except by actual observation. All of the common preparations of iron are apt to oppress the stomach, coat the tongue and destroy the appetite, especially when the patient is much debilitated. Many, from a delicate, sensitive organization, cannot, under any circumstances, take iron with profit, it being, in their language, too heating. The pyrophosphate is friendly to the stomach, will never cause any irritation of the gastric surfaces, and, to our knowledge, has never disagreed with any patient, however incompatible the other forms may have been. Besides, it appears to possess a tonic power, and will restore the appetite and digestion after the failure of bitters, quinine, wine, &c., often in extreme cases of anæmia, amenorrhœa and chlorosis, as we have witnessed in many instances in our obstetric clinique. It seemed to afford just the grade of stimulus required by the stomach, and the improvement, thus initiated, continued without interruption, under this single remedy, to the complete cure of the patient. This acceptability, friendliness, corrigent and roborant action of this form of iron on the digestive organs is a valuable peculiarity which renders it, in many persons and in many states of disease, superior to all others, and perhaps to any drug whatsoever. Besides, its tastelessness, when dissolved in syrup, is a great recommendation in this age of sugar, when patients desire to die *sweetly*, and will not endure anything nauseous or unpleasant, though death be knocking at the door. This we might expect in children who *bring* up their parents to a tolerably high state of discipline, and issue their orders of command from the cabinet councils of the nursery. We medical men, taking the world as we find it, are obliged to render our doses as palatable as possible for babies, both great and small. This object, without detriment in the choice of our means, is singularly and notably attained by the use of the syrup of the pyrophosphate of iron.

*Brooklyn, N. Y., Jan. 27th,* 1862.

## TWO CASES; IN BOTH OF WHICH VERY UNUSUAL PRESENTATIONS WERE ASSOCIATED WITH ABNORMAL LENGTH OF THE FUNIS.

[Communicated for the Boston Medical and Surgical Journal.]

In the course of nearly seventeen years' active practice, I have not met with any instances where the variation from the normal length of the cord was so remarkable as in the two cases I am about, briefly, to narrate; and the fact that with both were associated very unusual presentations of the child, lead me to consider them not unworthy of record.

June 19th, 1861, I was called to Brookline, to visit a woman of between thirty and forty years of age, who was in labor. I arrived at her residence about ten in the evening. She informed me that she had previously, without unusual trouble, given birth to several children; that labor had commenced about twenty-four hours before; the pains had been frequent and "strong" from the commencement of labor till noon of the day of my visit, when the liquor amnii had been suddenly evacuated, and the pains, as suddenly ceasing entirely, had not in the slightest degree returned. She was much exhausted, and in a state of great anxiety and apprehension. On examination, I found the cord prolapsed, and hanging from the vulva; it was flaccid and pulseless. The right hand also protruded, and the shoulder was found at the brim. The os uteri was fully dilated, no portion of it being accessible to the finger. I represented to the patient and her friends the state of the case, and the certainty and ease with which she could be relieved. The nervous condition of the patient seemed to demand that, contrary to my usual practice in obstetric cases, ether should be administered. Dr. Francis, of Brookline, promptly and kindly responded to my message for his assistance. The patient being fully etherized, I turned and brought away the child with a facility which, from the entire evacuation of the "waters," I had hardly anticipated, but which was easily accounted for by the fact that the uterus was perfectly passive, not contracting at all until after the removal of the child, and *then* under the influence of a large dose of ergot which was administered immediately before the commencement of etherization. As soon as the uterus was well contracted, the placenta was removed without difficulty. The cord, including two inches of the fœtal end remaining attached to the child's body, measured just sixty-one inches.* I saw the woman but once more, on the morning of the following day, in the afternoon of which I was obliged to start for Virginia. She was then perfectly comfortable, and, as I have since been informed. continued so and made a perfect recovery. I may mention that the case had been, before my seeing it, in the care of a midwife. When the waters were evacuated, the pains ceased, and the cord and hand prolapsed, alarm had been felt, and a passing physician called in, who stated the case to the patient, and urged the immediate performance of version; this was peremptorily refused, and he, very properly, declined further connection with the case.

Jan. 14th, 1862, about 7, P. M., was called to see Mrs. G., aged 31. Has had four children; nothing unusual had complicated any previous confinement; had now been in labor for some ten hours; the pains had not been at all urgent, however, till within four hours. About twenty minutes before my arrival the "waters" had "broken," and the midwife in attendance, discovering that something was wrong, had, with great honesty, admitted the necessity of calling a physician, and recommended that I should be sent for. I found, on examination, that the head was presenting, the face to the right sacro-iliac junction; but beside the head, the right hand and foot also presented; they were both much tumefied; the hand lay under the pubic arch, a little in front of the ear; the foot immediately behind it. I managed to push the hand, with some difficulty, above the brim, but the foot could not so easily be got out of the way, and, as the child was evidently quite small, and there seemed no reason to doubt that, as matters stood, labor would be soon accomplished without further interference, I forbore any considerable attempts to replace it. The child was expelled in about three quarters of an hour. On account of the shortness of the cord, it was found barely possible to remove it entirely from the vagina. The funis was cut an inch and a quarter from the surface of the abdomen, and the placenta removed in a few minutes, without difficulty. A careful measurement of the cord showed its entire length to be thirteen inches. On examining the right arm, nothing unusual was noted except the discolored and swollen condition of the hand, but the leg was found to be, not flexed, but perfectly straight, or rather, capable of being made *perfectly* straight without effort, while the left arm could not, even by considerable effort, be *so* straightened out. It was evident from this, that the malposition must have been one of very long continuance.[*] I may conclude the narrative of this case by saying that the labor was premature; the infant had the usual appearance of children born at the end of the seventh month, and, as the mother's last menstruation had ceased at the end of May, this was probably not far from its intra-uterine age. It was very feeble, and survived about thirty-six hours.

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* I have not consulted the books, but believe this to have been one of the very longest cords of which mention has been made. I recall but one longer, of sixty-three or sixty-four inches, which occurred, I think, in the practice of Professor Storer, of Boston, and is mentioned, if I mistake not, in Dr. Churchill's book. I handed the present one to Prof. Storer, the day after my attendance on the case, with the wish that it might be presented to the notice of the Obstetrical Society. Whether it was so presented, or what disposition was made of it, I do not know, nor should I have given it a thought, were it not that Prof. Jackson, in conversation, showed great interest in the case, and expressed a hope that it might be preserved.

I do not propose to speculate on the possible relation between the very remarkable deviations from the usual length of the cord[†] in these cases, and the peculiarity of the presentations, but it would seem as if there must have been some such relation—that the coincidence must have been more than merely accidental; at any rate, I think you will agree with me in regarding the cases as very curious, and will not consider even this hastily written report of them unworthy of publication. I regret that I did not take notes of the first case; I report it, as well as the other, from memory, but do not think I have omitted any essential facts. HENRY A. MARTIN.

*Roxbury, Jan. 23d,* 1862.

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## "NEW SURGICAL PRINCIPLES."

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It has been said that "there is nothing new under the sun"; and when we see the new things of each day successively shown to have been broached before, we feel like subscribing to the adage. I think, however, the principal reason for the saying, or the cause of its being so near a truism, is that self-styled *conservatism* so frequently merges into *fogyism* that it keeps new things from the sunlight until they become old. This is my explanation of the matter, and, as you see, it reflects no credit upon the critics who smother merit by "systematic silence." I am led to make these remarks by observing the course taken by the profession with regard to certain "New Surgical Principles," so called, which were presented for discussion some months ago, by Prof. Cooper, of San Francisco. Though these "principles" have now been before the profession for six months or more, and have been copied into most of the medical journals of the country, there has not been a word, that I know of—*pro* or *con*—expressed by either medical or surgical society, or prominent individual authority, with regard to them. Even the journals copying them have not risked a passing opinion on them, but barely repeated them—"*and ne'er spak mair.*"

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[*] The intelligent reader will hardly fail to recall, in this connection, Prof. Simpson's account of a case in which labor was seriously impeded by a very unusual position of one of the arms of the child. In that report (not now at hand), the great ease with which the misplaced arm could be placed in the abnormal attitude, while the other could not be so placed, is referred to.

[†] The "average" length of the funis is stated at eighteen to twenty inches. Without pretending to having given the subject much consideration, I feel very confident that a cord less than eighteen or twenty inches in length, is very rarely observed.

How are we to construe this "dead silence"? Is it that the subject is unimportant? There is none to answer affirmatively to that, certainly. Is it that medical bodies of such acknowledged distinction and ability as the "New York Academy of Medicine," the "Medical and Surgical Society of New York," or the "Boston Society for Medical Improvement," consider the subject or its discussion so far above their powers that modesty or diffidence has closed their mouths? If so, either their diffidence or their ignorance is more profound than most people give them credit for—in short, that cannot be the cause. And while I would not do them the injustice to suppose that a feeling of envy has made them fearful of admitting Dr. Cooper's claims to originality, I am at a loss to account for their silence by any plausible conjecture.

It is probable that the majority of medical men, throughout the country, have felt with regard to the subject a good deal like myself, viz.: anxious to see or hear the opinions of some of the Societies I have mentioned, or of similar bodies, or of a few of the prominent leading surgeons; in hopes that the subject would be presented in several aspects, and we thereby enabled to systematize our opinions before presenting them, if it should happen that we had any worth making public. I anticipated that a majority of the profession would differ from Dr. Cooper's views; and I wished to see their statements and the grounds for difference fully set forth; that I might thereby obtain, perhaps, new reasons sufficient to modify or change my own opinions, which, I freely admit, were exactly those of Dr. Cooper. For a few years past, I had expressed to my professional acquaintances the same opinions that Dr. C. enunciates with regard to joints, and I meant at *some* time to publish them, and my reasons therefor; but, as yet, I had not sufficient confidence in my ability to defend them against the very considerable opposition which conversation on the subject, with my medical acquaintances, led me to expect; for I never found any one at all to agree with me. As to the cavity of the pleura, I held similar opinions; and I expected the support of Dr. Bowditch, of Boston, in maintaining them. With regard to the abdomen, I was undecided; for I had had but little experience with wounds of that part.

It has been after much hesitation that I am now so bold as to express an opinion on this subject in advance of my seniors; but I had lost hope of seeing the subject taken up by older heads and more experienced hands; and deeming it my professional duty to stir the matter up afresh, I have done so. I have purposely avoided a *discussion* of the subject, for the reasons expressed in the preceding paragraph, though I have cases on record for the purpose, if necessary. But I mean, if possible, to preserve this silence until I have seen a discussion of the subject by some of those who should take precedence. It is quite possible that their views may lead to a change of mine. If so, I will make a due acknowledgment. If, on the other hand, those parties present all that is materially important in the case, and there be no great preponderance of opinion one way or the other, it would be useless for me to repeat *their* statements and reasons. In this way, time will be saved; whereas, the leaving of the subject as it is now—only to be settled by the separate and independent statements of each of all the physicians in the country—is a useless expenditure of time, and sometimes of talent. I trust that you, Messrs. Editors, as professional censors and directors of professional *thinking*, will see to the proper treatment of those *principles*. I append a copy, which you will please re-insert below. I am aware that you have published them once; and, as I think yours was the first JOURNAL in which I saw the article, I send this letter to you, hoping it may meet your approval.

Very respectfully, GEO. B. WILLSON,
Late of Port Huron, Mich.

*Head Quarters 3d Reg't Mich. Infantry,*
*Camp Michigan, Va., Jan. 20th,* 1862.

NEW SURGICAL PRINCIPLES.—Prof. E. S. Cooper advances and urges the discussion of the following surgical principles :—

1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically; as, when admitted into a vein, by producing asphyxia; into the thoracic cavity, by its pressure producing collapsing of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of the entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

3d. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and in all cases it should be made to heal by granulation.

6th. That extensive wounds, opening freely the large joints, such as the knee (even when lacerated, as by a saw, which must necessarily heal by granulation), do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon will not or cannot be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament or tendon can safely be separated, has not the least foundation in fact.

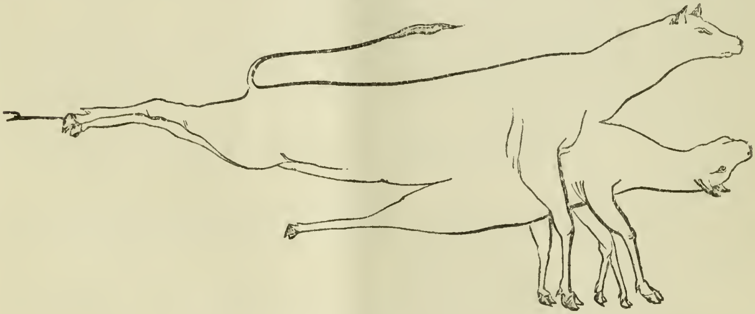
## MONSTROSITY IN A CALF.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The following case of "freak of nature" in a calf, occurred in this place a few weeks since, which perhaps you may think worth recording.

The calf was double, or partially so, one being natural and of the usual size and form, the other imperfect and diminished in size. They were connected at the breast, by a union of about fifteen inches; the walls of the chest being perfectly united, forming but one cavity. Their necks were of the same length, but the head of the smaller (which was cyclopean), was somewhat shorter and broader, more resembling that of a bull-dog; the eye was imperfect, situated in the centre of the forehead, and opened perpendicularly. One of the fore legs was normal in its form, the other double from the knee down, having one hoof on each bifurcation. These legs were reversed in their position, corresponding in their direction with those of the other calf. The hind part extended about to the umbilicus of the other, having but one leg, diminished in length, and projecting directly back, and ending with one hoof. There was no anus, nor organs to distinguish the sex.

The accompanying rough outline, sketched from memory, may aid in describing the appearance of the animal as it hung in sight.



P. S.—Since writing the above, I have heard that the calf, or its skin stuffed, has been on exhibition at the State House.

*Sharon, Jan.* 24. Yours respectfully, B.

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## Reports of Medical Societies.

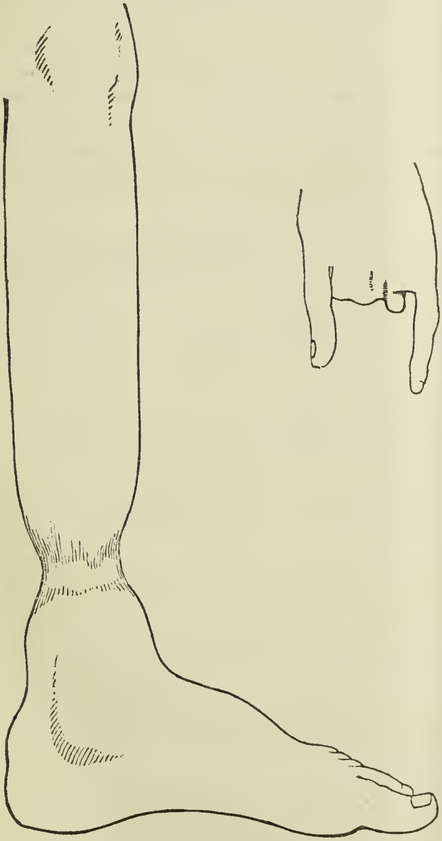
### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Jan. 13th, 1862. *Croup; Tracheotomy; Recovery.*—Dr. Cabot reported the following case.

A boy, 3 years old, was attacked with croup, and was first seen by Dr. Chas. D. Cleaveland on Saturday, Nov. 9th. The symptoms increased in severity, until Nov. 12th, when Dr. Cabot saw him. Dr. Cleaveland had seen false membrane in the throat and fauces for more than a day before, and it was visible on the morning of the 12th, though Dr. Cabot was unable to see it at his visit in the evening, perhaps on account of a thorough application of a solution of nitrate of silver in the morning.

The child had a loud, croupy, labored respiration; a small, weak and rapid pulse, not intermittent; and no decided lividity of the face. A flapping râle could be heard over both backs, with the tracheal sound, masking other sounds of respiration. Tracheotomy was decided upon, and performed. There was some venous hæmorrhage, which ceased on the admission of air to the lungs. The usual directions were given as to moist air, the injection of nitrate of silver, &c. The child, after expectorating a small amount of false membrane for several days, was so well at the end of a week after the operation that the tubes were removed. He has entirely recovered.

Jan. 13th. *Spontaneous Amputation in Utero.* Dr. C. E. Ware exhibited a sketch, from which the accompanying engraving was made, and which he had received from Dr. G. H. Lyman, Brigade Surgeon. The patient is a boy, who enlisted as a drummer, but was discharged by Dr. L. Two fingers are entirely gone, and a mere pedicle remains of the third. There is no muscular development between the knee and the contraction, the bones being covered with but little besides the skin, though very singularly the foot is well developed and useful. The sketch is by Dr. A. C. Hamlin, of the 2d Maine Regiment, and resembles very much some of the figures in Dr. Simpson's paper on the "Spontaneous Amputation of the Limbs of the Fœtus in Utero." (*Obstetric Memoirs and Contributions*, vol. ii., p. 328.)



Jan. 13th. *Old Fracture of the Skull.* Dr. Cheever showed the specimen.

The calvaria showed a nearly circular depression, larger than a silver dollar, involving portions of the right parietal and occipital bones and lambdoid suture. Two radiating lines of fracture ran off from it. But all the parts were entirely coössified. The inner table projected into the cranial cavity, with well-marked ridges. There is no history of the case. The patient died of pneumonia, and was a man, apparently past 50 years of age. The brain was so softened before examination, that no changes of the meninges could have been detected had they existed.

The case is interesting as showing how so severe an injury as fracture and depression of the skull may be recovered from without trepanning, and apparently without serious sequelæ. It has been suggested that the mark of the injury was of such a character as to indicate that it was produced by a block falling from aloft, on board ship, rather than from a blow from a stick.

Jan. 13th. *Strangulation of the Small Intestine by a Fibrous Cord.*—Dr. Ellis showed the specimen.

The patient, an Irish domestic about 19 years of age, while making a fire early in the morning, was attacked with severe pain in the umbilical region. Brandy and paregoric having been administered without relief, Dr. Flint was called at 10 o'clock, A.M., when the pain was very severe. There was unusual fulness of the umbilical region, but no distinct tumor. She was seen three or four times during the day, and relieved by nothing but ether. She vomited everything until evening, when she retained forty drops of the fluid extract of opium, and passed a comfortable night. On the following morning a cathartic pill was given, and followed by an enema, without the desired effect. Two doses of senna also failed to operate, and in the afternoon she complained much of pain, which, though not of the same character as before, was very severe. At three o'clock, the next morning, she was found dead on a night chair, having had a natural fæcal discharge. Two or three hours previous, she vomited a dark material. There was no fever, and but little if any tenderness.

On examination, the abdomen was found to contain perhaps a pint of bloody fluid. Many coils of the small intestine lay in the centre, much distended, and of a dark-red or blackish color, as from congestion. At some points, they adhered slightly to each other, but this was the only sign of inflammation. It was finally ascertained that several folds of the intestine were tightly constricted by a firm fibrous band, perhaps a line in diameter, extending from the sigmoid flexure to some part of the small intestine, but the exact point of attachment to the latter could not be ascertained after the necessary separation of some portions. After the withdrawal of the intestine, a knot was left in the cord. The included portion of the ileum, a number of feet in length, contained a thick, bloody fluid.

Other organs healthy.

Jan. 13th. *Dissection of a Gravid Uterus.*—Case reported by Dr. Jackson.

The organ was sent to him, entire and perfectly fresh, by Dr. S. H. Carney, Physician to the State Almshouse at Bridgewater. It was taken from an unmarried woman, who had been consumptive for more than a year, and reported herself as about six months pregnant; her pulmonary symptoms having increased very rapidly after she became pregnant, and contrary to the usual rule.

Before dissection, the length of the organ, in a straight line, was 11½ inches, and its circumference, at the largest part, 20½ inches. The placenta being felt pretty distinctly through the posterior parietes, a crucial incision was made anteriorly. The cord ran over the left shoulder and around the neck. The child lay with the occiput towards the left acetabulum, was quite plump and healthy in appearance, notwithstanding the circumstances under which the mother died, and it weighed 4½ pounds. A blowpipe having then been introduced into the uterine sinuses, they were inflated with moderate force, and the air very soon appeared beneath the fœtal surface of the placenta. One third or more of the placenta was next peeled off, and a very careful examination was made for any intervascular communication, but none was found; the usual appearance of crescentic openings from the uterine sinuses was seen, but nothing more. Lastly, a very nicely prepared, but "coarse injection" was thrown into the sinuses; but though it was extravasated to a considerable extent into the placenta, not the smallest vessel could be found to pass into the mass from the uterus.

JAN. 13th.—*Ovarian Cyst containing Hair, Teeth, &c.*—Dr. JACKSON showed the specimen, which he had received lately from Mr. James Ross, a medical student, and which was taken from a middle-aged dissecting-room subject. It was about two thirds as large as the fist, and was filled with a soft, yellowish fatty substance, with which was mixed a large quantity of loose hair. Upon the inner surface there was to some extent a pretty well-marked coarse cutis, with some remains of cuticle, but only a single hair was found attached. Near the skin, and just beneath the inner surface of the cyst, was a piece of bone, 1½ inches long, in connection with which were two teeth. Two or three quite small cysts were connected with the larger one. The other ovary, upon the left side, was about half as large as the above, and consisted of a number of cysts, all of which contained fat, and in one of which there was hair, with traces of skin, but nothing further.

Dr. J. remarked that he had never but once before met with a recent specimen of teeth in an ovarian cyst.

JAN. 13th. *A very Anomalous Tumor found in the Parietes of the Stomach.* The case occurred in the practice of Dr. Alfred Hitchcock, of Fitchburg; and the specimen, which had been in spirit for some time, was shown by Dr. JACKSON, to whom it had been recently sent. The tumor was situated in the posterior parietes, about equidistant between the orifices, and extended lengthwise to the organ 3 inches; the diameter was about 1½ inches, and it projected abruptly into the cavity from ⅝ of an inch to an inch; outline smooth, but form slightly lobulated. Externally, it also projected very abruptly into the peritoneal cavity; the form was more rounded than that of the internal tumor, and there projected from it several well-defined little tumors, the largest of which was about the size of a nutmeg. The diameter of this external portion was about two inches. As the muscular portion was very distinctly traceable to a considerable extent over this last portion, and the mucous membrane was continuous over the internal tumor, it was evident that it was situated in the submucous cellular tissue.

The structure was most remarkable. At the very extremity of the external portion was a mass, nearly the size of an English walnut, and which looked like the result of an old tubercular deposit; being quite firm or tough, pearly, with a large number of small, opaque, white spots, and a trace of cretaceous matter, but without any soft deposit. This mass was for the most part well defined, and there was nothing like it seen in any other part of the tumor. The mass above referred to as being of the size of a nutmeg, was of a dark-red color, uniform in appearance, and as soft as a quite soft spleen. The remainder of the external portion looked not very unlike this last, but it was firmer and very much coarser in structure. The internal portion was firm at one extremity, but less so than a fibrous tumor would be. Towards the other extremity it was quite soft, as if the structure beneath was similar to that of the external portion, and in two places it looked as if the surface was about to give way. The interior of the tumor was occupied by a cavity of some size, well-defined, but rather disposed to branch, having two free openings upon the mucous surface, and extending nearly through to the old tubercular-looking mass ; the openings, the abrupt elevation, the healthy mucous membrane over it, reminding one at once of Dr. Ware's case of fibrous tumor in the parietes of the stomach (BOSTON MED. & SURG. JOURNAL for Aug. 26, 1858), and the case of similar tumors in the stomach of a tiger, an account of which was published in this JOURNAL on the 9th of this month. In regard to the nature of the tumor, Dr. J. had never seen anything of the kind before, and could not pretend to give an opinion ; Dr. Hitchcock thought that it did not resemble encephaloid, when recent. The other organs were well.

The following history of the case, by Dr. H., was then read :—

" Mrs. J. P., aged 67, died August, 1861. For a year before death she had nausea, gastric pain and anorexia. Vomiting very rarely occurred, although nausea and a distressing faintness existed nearly all the time for the last four months. Rising in bed, or turning from side to side, would increase these symptoms. Just before death there was vomiting of glairy mucus, with minute 'coffee ground' particles. For three months before death, a movable tumor could be felt in the epigastric region. No hereditary disease in the family."

## Army Medical Correspondence.

### LETTER FROM DR. CYRUS POWERS, AT FORT PICKENS.

[Communicated for the Boston Medical and Surgical Journal.]

*Fort Pickens, Florida, Jan.* 17, 1862.

THE 75th Regiment of N. Y. Volunteers have been here about a month, during which time but little has occurred of especial medical or surgical interest. There has been about the usual amount of sickness, of which, perhaps, an unusual per centage has been from dysentery—owing, doubtless, to the great difference of mean temperature between this place and Central New York, where the regiment was raised. The acute stage, if well treated, is not dangerous ; but, as is always the case in warm climates, this malady has a vicious proclivity towards assuming the chronic form, and then it very often ceases only with the patient's life. Of this the Mexican war afforded far too many examples.

Fort Pickens is built on the extreme western end of Santa Rosa Island, which stretches along the Gulf Coast of Florida, a mile or two from the main land. The island is nearly or quite forty miles long (its western extremity being about forty miles south east of Mobile), and is entirely composed of intensely white sand—appearing, at a little distance, as if covered with salt or snow. Low evergreen shrubs and pitch-pine trees are sparsely scattered over the island. Numerous ponds of fresh water abound, which, a few miles higher up, are the resort of wild fowl and alligators. Pure sweet water can be obtained anywhere, a few rods back from the sea, by digging a few feet, the fine clean sand acting as a great natural filter. When the sun shines, the reflected light from the intensely white surface is almost intolerable, giving rise to a peculiar and obstinate form of ophthalmia, resulting, in some instances, in total blindness. Its onset is sudden, and is characterized with great intolerance of light, and deep-seated pain, with but little external inflammation. Four of our own regiment are already under treatment for it, although, in fact, treatment seems to have but little control over it. Exclusion of light, cold water compresses to the eyes and temples, with low diet, seem to be somewhat efficacious. Several soldiers of the New York Sixth (Billy Wilson's regiment), who came here last May, have been sent home, nearly or quite blind.

The mainland sweeps around the west end of the island in a semicircle, and within the distance of about a mile and a quarter of Fort Pickens are three strong forts—"McRae," "Barancas," and the "Navy Yard"—which are occupied by ten or twelve thousand rebels, while we number only about two thousand, all told. On the afternoon and evening of January first, we had a regular bombardment, both sides blazing away with shot and shell. Several "contrabands," who have come over to us since, say that we injured their works considerably, burnt one large storehouse, and killed about twenty of their men. They did no damage whatever to Fort Pickens, but one of our men—a private of the sixth regiment—was wounded by a fragment of a shell, which passed through the upper part of the calf of the leg, tearing up the muscles. He was brought immediately to the Hospital, and, as the hæmorrhage was somewhat profuse, Drs. Pease and Lynch, surgeons of the sixth, applied persulphate of iron to the wound, which partially arrested it, and gave stimulants internally. Next day the oozing continued, the foot grew colder, and there was some slight delirium, with acceleration of pulse. Brandy and quinine were freely administered, and on the day following, extensive gangrene of the leg having supervened, it was concluded to amputate. This accordingly was done, at about the middle of the thigh, the patient being thoroughly chloroformed, but he did not rally, and died in an hour and a half. On examination of the removed limb, it was found that the piece of shell had chipped out a piece of the fibula near its neck (without fracture or dislocation), and had severed the peroneal artery. Doubtless, the extravasation and infiltration of blood into all the tissues, had, by its pressure, caused so much arterial and nervous obstruction, as to hasten, if not cause the death of the limb, as the anterior and posterior tibial arteries were intact.

Before closing, let me say a word respecting the treatment of diphtheria. In Camp Cayuga, in Auburn, N. Y., we had a good deal of it, and when I joined the regiment in November, I found that my associate, Dr. Benedict, the surgeon of the regiment, had employed what was to me a peculiar mode of treatment for the last two years, with great success, losing none out of more than a hundred cases since he had followed this practice, though he had lost several before he adopted it. On the first appearance of the unmistakable exudation, or as soon thereafter as the case is seen, a thorough emetic of sulphate of zinc is administered. I watched the subsequent cases with much interest, and found that uniformly, in a few hours after the vitriolic emesis, the morbid growth began to disappear, and convalescence rapidly succeeded. Little after treatment seemed to be needed, though in the worst cases we sometimes gave chlorate of potash and quinine. With our change of climate, we have left this fell disease behind us, but I hope your numerous readers will give this remedy a fair trial, and report through your JOURNAL.

I had some other matters to speak of, but will defer it until another opportunity.

CYRUS POWERS, *Assistant Surgeon*
*75th Regt. N. Y. Volunteers.*

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FORT COLUMBUS, NEW YORK HARBOR,
January 25th, 1862.

*To the Surgeon-General.*

SIR,—It is now some time since I last reported to you, and the absence of any occurrence particularly worthy of notice, together with plenty to do, has rendered it not worth while to write to you since. The health of the regiment is pretty good, considering the circumstances, and the men are becoming more satisfied with their quarters. The second, as well as the upper tier, has been furnished with stoves. The rations are good. The weather has not been very bad, though we have had a very severe storm within three days; and although it is cold to-day, it is nevertheless pleasant. Altogether, things are in a condition which might make an old soldier congratulate himself that they are not worse. Since writing to you last, my hospital accommodations have been increased by two more rooms, each one 14 feet by 20, flanking the large ward, which is about twice this size. The officers are the persons who now suffer the most, as they have not been provided with even decent quarters; but they generally try to find a bright side to the picture, and regret most that the icy plating with which the island is covered does not permit them to have proper drills.

Since coming here, I have had 30 persons in the hospital, averaging less than four days each. At present, there are but 8, and of these all are doing well. One man, of Co. C, entered with "pneumonia," right lung. He had been acting as "teamster," and applied for assistance only when he could no longer avoid it. For some days, he seemed on the piont of parting with us, but by the strictest attention on the part of the hospital steward, he is now convalescent. The crisis was passed yesterday, and he had sunk so low that an indescribable thrill of delight passed through me when, upon examining him in the morning, I felt that there was still "hope for the weary," and that there was no mortality yet to record.

The only other case worthy of especial notice is that of a strong, healthy man, who made his appearance with swelling of the submaxillary gland of the left side. It had been permitted to progress unmolested for two or three days before he presented himself for treatment. Blistering, bleeding, cathartics and low diet had but little effect in subduing it. The great pain was relieved by cupping and the application of poultices, but the swelling proceeded to the extent of involving the whole side of the face and neck, even to the eye, and spreading somewhat under to the other side, rendering the process of swallowing both painful and difficult. Within the last twenty-four hours the general tumefaction has begun to subside, becoming more distinctly prominent, however, and of about the size of a large marble, over the submaxillary gland. Upon opening it, this morning, much pus was discharged. I know of no particular cause to which to attribute this case; but one more, of precisely similar character, and the only other that has yet occurred here, was in another man of the same company. In this last one, a blister, applied immediately over the part, produced early relief, and the swelling subsided so as to warrant the dismissal of the patient "well" in thirty-six hours.

Of other complaints, rheumatism has had the largest number of votaries; but almost all have been readily amenable to treatment. In these, the nitrate of potassa has seemed to act particularly well. Persons have been admitted to the hospital with flushed face, hot skin, rapid and full pulse, the feet, ankles and knees swollen and painful, and a few days has sufficed to fit them again for duty. Whether it depended upon the improvement in quarters, the diet, or medicinal treatment, I shall not pretend to say; but they got along very well without opiates, and nitrate of potassa was the only drug used. The change from poor to comfortable quarters undoubtedly had much to do with the recovery. How much, if any, had the potassa?

I remain, with respect, your obedient servant,

P. A. O'Connell,
*Surgeon 28th Reg't Mass. Vols.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 6, 1862.

With the present number commences the 66th volume of the Journal. The extraordinary state of public affairs, which has swept away no less than thirty of the medical journals of the country within the past year, has operated seriously to the disadvantage of this, more particularly in the loss of distant subscribers. We cannot, therefore, begin a new year with any enlargement in size, or other contemplated improvement requiring additional outlay; but we shall endeavor, in fulfilling our duties as journalists, to lay before the profession, week by week, such communications, society reports, reports of cases, and other medical intelligence, as may be deemed of sufficient interest. We would especially call attention to the army correspondence, as no unimportant item, and which will often be found instructive and valuable. In the mean time we trust that those who have for so many years given the Journal their support, will not now forget its claims as the oldest weekly medical periodical in the country, and the only medical journal now published in New England.

There has been, for some time past, as is well known, a systematic attempt on the part of the friends of homœopathy, to secure for homœopathic practitioners a place in the military service of the United States, on an equal footing with army surgeons, one, and the principal object of this movement doubtless being the prestige which such a public recognition of the claims of homœopathy would necessarily gain for it. No time could have been more fitly chosen than the present for pressing upon the attention of the Government the extraordinary pretensions of this already decadent system, and the petitioners duly estimate the importance of a decision favorable to their demand; knowing well that the result, if unsuccessful, will not tend to increase the popular confidence in its professions or its professors.

That the petitioners will fail in their efforts to accomplish their object, we are by no means sure; the urgent need that exists for medical officers in the army, and the utter ignorance of those who are called upon to decide this important question, lead us to fear a favorable consideration, and a result which, while it would be a manifest injustice to the medical profession, would virtually array the government on the side of one of the grossest and most barefaced systems of quackery that has ever disgraced the annals of medicine. It is to accomplish the latter object, that every effort is now being made, both in our own city and elsewhere, by petitions and other means, and it becomes the duty which the profession owes to humanity to be equally active in guarding itself as well as the country against an act which would seriously compromise the honor and dignity of both.

The New York *Medical Times*, in announcing the prompt action of the New York Academy of Medicine in this matter, very properly urges all local and State societies to follow their example. It is recommended that individual practitioners throughout the country should also forward at once remonstrances, signed by the citizens of their locality, to their representatives in Congress.

The following resolutions, prepared by Dr. Valentine Mott, were unanimously adopted by the New York Academy of Medicine, at a special meeting held on the 27th of January:

"*Whereas:* Petitions have lately been presented to the Senate and House of Representatives of the United States, for the employment of homœopathists as surgeons in the Army; therefore,

"*Resolved,* That the New York Academy of Medicine deem it their duty in the interest of the Army, respectfully to protest against the employment of such practitioners, for the following reasons:—

"1st. That the practice wherever subjected to accurate observation has failed to establish itself in any hospital.

"2d. That in the countries where it originated and attained its fullest degrees of development, it has not been introduced into the army or navy.

"3d. That it is no more worthy of such introduction than other kindred methods of practice as closely allied to quackery.

"4th. That such appointments would dissatisfy and dishearten the Medical Staff of the Army, who understand the true character of homœopathy, and who have entered the service of their country, with confidence that the government would strive to elevate the standard and promote the efficiency of the Medical Staff—results surely to be defeated by the appointment of homœopathists.

"*Resolved,* That a copy of the above resolutions be sent to the Hon. Ira Harris of the U. S. Senate, and the Hon. F. A. Conkling of the House of Representatives, with a request that the resolutions be presented to the two houses of Congress."

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INTERESTING TO SURGEONS.—It will be seen by the following report, that the patent formerly held by Dr. W. T. G. Morton for the exclusive use of ether in surgical operations, has been finally declared to be "void, and the subject matter not patentable." We are indebted for this decision to a suit of Dr. Morton, in the U. S. District Court, New York, against the New York Eye Infirmary, for infringement of his rights as patentee, and the question is, it is hoped, now forever at rest. The plaintiff called as witnesses Drs. Wood, Griscom, Barker, Parker, Stansbie, Noyes and Edwards.

Dr. West testified that he used ether rather than chloroform. On being asked how many years he had used it, he said he hardly knew whether he ought to answer the question, as he might implicate himself in a suit, as this appeared to be the beginning of suits against the profession. Mr. Cozzens, the plaintiff's attorney, said they were ready to stipulate on the record that no advantage should be taken hereafter of the answers given by any of the witnesses. The witness then said he had always used it since Dr. Morton made it known. He described the mode of its administration, and what kind of cases he used it in, the quantities he used, and what were its effects. He did not use the machine described in the specification of the patent. Being asked what value was nowadays attached to its use in surgery, he said he did not think language could express it—but by this he afterwards said he did not mean monetary value, but benefit to the human race.

Dr. Griscom testified to nearly the same things. To the question as to its value, he said it would depend upon circumstances. If the operation was necessary, and could not be performed without ether, it was worth to the individual as much as his eyesight; but he could put no monetary value upon it. As to the proportion of surgical operations in which ether or chloroform was used, he could not say.

Dr. Barker's testimony was to the same effect. He also testified to the general use of ether in surgery, both in New York and Connecticut, where he formerly practised.

Dr. Willard Parker went over nearly the same ground, saying it was of great value to the patient, but no extra charge was made for it by the surgeon; that it was entirely impossible to fix any value upon it, there being no standard to go by. If the thing were wiped out now, and could be brought back again by paying millions, millions would be paid. He further proved, on cross-examination, the general use of the article over the country, and said that Dr. Morton came to him in 1856 or 1857, and brought letters from physicians and surgeons in Boston; that he was aware of the subject, and aware of its being patented; and of course there was a prejudice in the profession against patentees, or having anything to do with them. Witness proceeded—I had a conversation with Morton about it, and he said that he had abandoned the patent, and was now throwing himself upon the humanity of the world; I then took him cordially by the hand, and introduced him to a large number of gentlemen in the profession; he made a statement at a meeting we had of what he had gone through with, and of his purpose with regard to the patent, and explained about a suit which had been commenced against the Chelsea Hospital; measures were taken by the profession here to raise funds for him; the New York Hospital paid him $500, and Bellevue $1,500; I went down to South street and raised several hundred dollars on the ground that he was a benefactor to the world. This was done on the idea that he had abandoned his patent, otherwise not a thing would have been done.

*Re-direct.*—I would not, because he was shielding himself under another garb; he had his patent to protect him, and we should have left him to that; don't know whether Bellevue Hospital purchased a license to use it with the $1,500.

Other witnesses testified as to the amount of ether used by defendants; as to the number of cases in which it had been used, no certain testimony could be obtained.

Judge Shipman finally said that the patent had got to be discussed some time or other, and might as well be, before putting in any further testimony. The points as to the validity of the patent were then discussed at length by counsel on both sides. The Judge this morning (Jan. 30th) announced that he had come to the conclusion that the patent was void, and that the subject matter, under the circumstances, was not patentable. He therefore directed the jury to find a verdict for the defendants.

Rainsford Island Hospital, Boston Harbor.—From the published Report of the Superintendent, we learn that during the four months following June 1, 1861, when the present Superintendent entered upon his duties, there were admitted into the hospital 230 patients, which with the 158 already there, make the whole number treated 388. Discharged during the four months, 196; died, 27; remaining Sept. 30th, 165. Of the 388 patients, 150 were born in the

United States, and 238 in foreign countries. The largest number of deaths from any one disease was 8, by consumption.

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THE BUTLER HOSPITAL FOR THE INSANE, PROVIDENCE, R. I.—The last annual report of this institution shows that on the 31st of December, 1860, there were in the house 127 patients—68 males and 59 females. During the last year there were admitted 53—25 males and 28 females; making a total under treatment of 180. There were discharged during the year 45, and on the 31st of December, 1861, there remained 135. Dr. Ray, the Superintendent and Physician, gives very few statistical details, but his report is an unusually valuable and interesting one.

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EIGHT CHILDREN AT A BIRTH.—On the 2d of August, Mrs. Timothy Bradlee, of Trumbull County, Ohio, gave birth to eight children—three boys and five girls. They are all living, and are healthy, but quite small. Mr. Bradlee was married six years ago to Eunice Mowery, who weighed 273 pounds on the day of her marriage. She has given birth to two pairs of twins, and now eight more, making twelve children in six years. Mrs. Bradlee was a triplet, her mother and father both being twins, and her grandmother the mother of five pairs of twins.—*Medical and Surgical Reporter.*

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AT Fortress Monroe, during the month of December, there were taken sick 2783, of whom 32 were sent to the General Hospital for treatment; 2087 were returned to duty; 25 received furlough; 74 were discharged from service; 27 died; and there remained 288 sick and 653 convalescent.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, FEBRUARY 1st, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 41 | 38 | 79 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 40.9 | 34 7 | 75 6 |
| Average corrected to increased population, | .. | .. | 84.33 |
| Deaths of persons above 90, | .. | 1 | 1 |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 12 | 0 | 1 | 8 | 5 | 0 | 0 | 1 | 2 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending Jan. 25th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.994 | Highest point of Thermometer, | 34.0 |
| Highest point of Barometer, | 30.150 | Lowest point of Thermometer, | 18 0 |
| Lowest point of Barometer, | 29.776 | General direction of Wind, | North |
| Mean Temperature, | 24.9 | Am't of Rain (inches), including melted snow, | 5.47 |

For the week ending Jan. 18th, omitted in our last issue:—Mean of barometer, 30.148; highest point of barometer, 30 696; lowest point of barometer, 29.430. Mean of thermometer, 23°; highest point of thermometer, 42°; lowest point of thermometer, 8°. General direction of wind, W. N. W. Amount of rain (in inches), including melted snow, 2.22.

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TO CORRESPONDENTS.—Although the present number is enlarged to make room for valuable papers, the insertion of Dr. Bryan's Observations on Wounds in the Army, and other articles already acknowledged, is necessarily postponed till next week. Other communications are also on hand.

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BOOKS AND PAMPHLETS RECEIVED.—A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative. By Samuel D. Gross, M.D., &c. Illustrated by Twelve Hundred and Twenty-seven Engravings. Second Edition. In two volumes. Philadelphia: Blanchard & Lea. 1862. (From Ticknor & Fields.)—Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, Providence, R. I.

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DEATHS IN BOSTON for the week ending Saturday noon, February 1st, 79. Males, 41—Females, 38.—Apoplexy, 1—disease of the bowels, 2—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—bronchitis, 4—consumption, 12—convulsions, 3—croup; 1—cyanosis, 1—diphtheria, 2—dropsy, 3—dropsy of the brain, 3—drowned, 1—scarlet fever, 8—typhoid fever, 1—hæmoptysis, 1—disease of the heart, 3—infantile diseases, 6—intemperance, 1—disease of the liver, 1—inflammation of the lungs, 5—measles, 1—old age, 1—paralysis, 1—pleurisy, 2—scrofula, 1—sore throat, 1—suffocation, 1—suicide, 1—tumor (of neck), 1—unknown, 5—inflammation of the uterus, 1.

Under 5 years of age, 41—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 9. Born in the United States, 60—Ireland, 14—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVI. THURSDAY, FEBRUARY 13, 1862. No. 2.

## DR. MONROE'S FRACTURE BENCH.

[Shown and described before the Boston Society for Medical Improvement, Jan. 13th, 1862, by B. E. COTTING, M.D., Associate Member.

AMONG the number of simple contrivances for the management of fractures suggested to me since the publication of my paper in the JOURNAL of September last, the "fracture bench" of Dr. A. LeB. Monroe, of Medway, President of the Norfolk (Mass.) District Medical Society, seemed worthy of more extended notice, being especially adapted to the exigencies of country practice. I therefore requested Dr. Monroe to furnish a description for the records of this Society. This he has done; and has added for the cabinet a very neat model, made by a patient who wished thus to testify his gratitude for the comfort he had received by means of the "bench" while recovering from severe fractures. I have also procured some wood cuts, which will be sufficiently explained by the context. Dr. Monroe writes as follows:—

"I send, as requested, a model of my fracture bed, or, more properly, fracture *bench*. The model is somewhat carefully made, but in actual practice such care and expense are unnecessary. Indeed, the one great advantage is that, like your fracture apparatus, it can be made on the spot from a few pine boards by any one who can use a saw and hammer. Not unfrequently, the main part may be found in the house of the patient in the shape of a wash-bench—a few simple additions being all that is required to adapt it to its new service." This may be seen in the accompanying diagram.

"Take a common four-legged wash-bench, Fig. I., A. If one be not at hand, make a similar structure from such materials as may be procured, the top of which, A, should be, for a full-sized man, about four feet long and two feet wide. The legs may be passed through holes or firmly nailed to the sides of the top, as is most convenient. Those at the head of the bench, Fig. I., D D, should project backward, to prevent tipping. Let the height be about that of a common bed. Connect the head and foot legs together on either side by strips of board, two or three inches wide, Fig. I., E E. Make in the upper end of the top a slit or opening, Fig. I., B, bevelled from above downward, about three inches wide and fifteen in length. The direction of the bevel may be seen at B in Fig. II. The piece removed may serve as a sliding cover to close the opening. This slit, with its cover, and a vessel placed upon a shelf, Fig. I., K, laid across the strips, E E, constitute the latrine. This form of opening proves on trial to be better than the round or oval. Next, to this end of the bench, a board, or movable back-piece, about three feet long, and of the same width as the bench, should be attached by hinges (old shoe-soles will answer) so as to be raised or lowered at pleasure. (See Fig. I., M.) It is a good plan to attach the back-board to a cleat, and then to batten the cleat upon the bench. To keep the back-board in any desired position, two arms, F F, should be attached to its edge near the top, and secured by pins in the edges of the bench, near the foot. Lastly, a foot-piece, reaching half across the width of the bench, may be placed as at L, Fig. I., to rest the sound limb against. The solid portions of the bench have now been completed. Before the patient is placed upon it, the back-board should be padded with folded blankets or similar substances, and thin, firm cushions, Fig. II., H H, should be secured on either side of the latrinal opening to receive the nates of the patient. These cushions should be so secured as to leave no chance of displacement. A cleat placed in front of them will do this, and also assist in retaining the patient in position. The latrinal slide may also be cushioned, up to the same level. Pillows, pads, and other supports may, of course, be used for the well and injured limb as occasion or change requires, with such splints and extending apparatus or other appliances as the medical attendant may think advisable."

Fig. I.

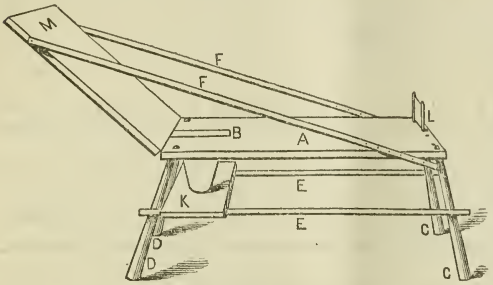
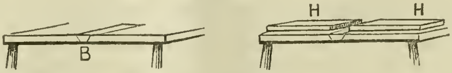


Fig. II. shows the form of the latrinal opening, and also the position of the cushions on either side of it for the seat.

Fig. II.



Dr. Monroe continues:—"I usually place the patient in a half-sitting posture, always thus in fractures of the thigh; never dropping the back very low in any case. Should the attendant wish to place his patient horizontally, or nearly so, an additional leg or prop may be attached to the back-board near the top. The bench described is for a full-sized man. One may be made of any size or nicety; but when smoothed boards cannot be obtained, rough ones may be used and covered with calico."

FIG. III.

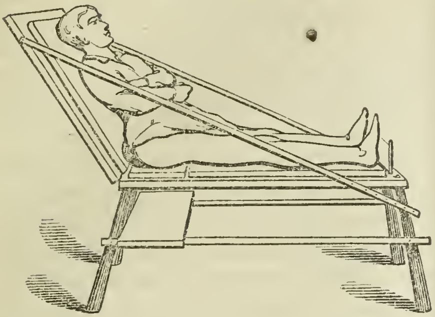


Fig. III. represents the bench and the patient in position.

"The following," says Dr. Monroe, "are some of the advantages of the fracture bench:—1st. It is cheap, and easily made. 2d. It occupies but little space compared with a bed, and can easily be moved about from room to room, and even out of doors in warm weather, thereby promoting the health and comfort of the patient. 3d. It is more cleanly than a bed or mattrass, and free from vermin. 4th. The fractured limb and apparatus are easily reached and manipulated by the surgeon. For this purpose one of the arms can be dropped at the fore end if necessary. 5th. It fulfils perfectly the indications of treatment, being firm and unyielding, while it admits of all necessary movements of the patient. 6th. It will allow the application of any form of splint. Pulleys can be used conveniently; and suspension as well, by attaching two perpendicular strips of board to the edge of the bench, with a cross-bar. 7th. The patient is more comfortable upon it than upon a bed, especially in warm weather. 8th. Children can be closely fastened to it, if desirable, as it sometimes is.

"If one wishes to add a permanent bench to his collection of fracture apparatus, a variety of appliances, involving mechanical and artistic principles, may be lavished upon it, making it more complicated and expensive, perhaps more beautiful, but hardly, if at all, more useful. The more simple surgical apparatus is, the better, provided it is philosophical and fulfils the indications.

"I first used this bench A. D. 1849. My son, now Assistant Surgeon in the Army, fell to the bottom of a dry well, twenty-four feet, striking upon the edge of a rock. The femur was broken very obliquely in its upper third. He was placed upon a hair mattrass, and the limb dressed. For a week after, he suffered extremely from the yielding nature of the bed, and the movements necessary for the evacuations. While watching by his bedside one night, I contrived the fracture bench. The next morning it was made, and he placed upon it. He was immediately comfortable and happy, and remained so while he occupied it, which was two or three weeks longer than necessary, for he was unwilling to leave it and go to his bed again. I succeeded in getting a good union, with but little shortening, upon the double inclined plane. I think I should not have done so well had he remained upon the bed, with the consequent motion of the fractured ends of the bone. Upon the bench all was still and safe.

"Since then, I have always used the bench in fracture of the thigh, and ever with satisfaction to the patient and attendants. The model was made by a man who, a few years since, enjoyed the benefit of the contrivance, and was so well pleased that he was desirous to be employed in making it more extensively known. He had fracture of the pelvis and fore arm, by a fall from the roof of a building. In his case, I had two uprights and a cross-bar placed astride of the back-board, over the upper part of his chest, around which was placed a close jacket with straps and rings to be hooked into a pulley suspended from the cross-bar. By this plan, his whole body could be raised from the bench. As it was very hot weather, he derived much comfort and relief in this way. It allowed the air to circulate freely around his hips and body, and enabled the nurse to bathe and rub the parts suffering from pain, heat and pressure.

"The bench is well adapted to the treatment of some stages of synovitis, when affecting the lower limbs; indeed, I see no reason why any disease of the lower extremity, requiring long and close confinement to bed, might not be treated upon it. But I will not claim too much; it is particularly useful in the treatment of fractured thighs, and sometimes of the legs, whether the fracture be simple or compound. I will only add that I could have made a fracture bench in half the time I have been writing this description of it."

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## A CASE OF GLAUCOMA TREATED BY IRIDECTOMY.

[Translated from Dr. Pagenstecher's "Clinical Observations at the Eye Infirmary of Wiesbaden," for the Boston Medical and Surgical Journal, by HASKET DERBY, M.D., Boston.]

[THE following case, besides presenting several points of unusual interest, is chiefly remarkable as showing the exceedingly short space of time (three days) in which an attack of acute glaucoma can produce absolute and entire blindness of both eyes; without any assignable cause, and attended by relatively slight premonitory symptoms.]

Mrs. N., 48 years old, of feeble appearance and anæmic complexion, had been subject, in her younger days, to repeated attacks of inflammation of the cornea. Had, later, suffered much from rheumatic affections. Had been married seventeen years, and, seven years previous to date, had been confined to her bed a year and a half, and suffered great pain, from a disease of the liver. Vision had been excellent till within ten years, since which time a moderate amount of presbyopia had forced her to employ weak convex glasses. These glasses she had of late been obliged to exchange for others, of a strength not corresponding to her time of life. A year ago, she noticed, for the first time, a halo of prismatic colors around the flame of a lamp. This appearance was visible only in the evening, was at first apparent to but one eye (though after a lapse of fourteen days common to both), and was the first characteristic symptom of glaucoma related by her. She had noticed no diminution of the distinctness of vision.

During the night of Dec. 11th, 1860, sudden and severe inflammatory symptoms made their appearance in the right eye, for the first time. They consisted in profuse lachrymation, redness of the eye, unbearable pains in the right side of the head and orbit, and so rapid a diminution of the power of sight that, on the following morning, the patient could barely distinguish between light and darkness. Three days later, during the night of Dec. 14th, the left eye was attacked with similar violence, and complete blindness was the result. Repeated local and general abstraction of blood, counter-irritants to the skin, and applications of atropine, produced no other effect than an alleviation of the orbital neuralgia; and as, on the evening of Dec. 19th, she made her appearance at the Infirmary, having travelled all day, her condition was follows. Slight lachrymation, injection of the conjunctiva and subconjunctival tissue, moderate chemosis, enormous hardness and tension of the bulb, flattening of the cornea (the right being entirely, the left partially sensible to touch), which was characterized by that dull lustre that proceeds from the disorganization of the epithelial layer, caused by pressure on the cornea. The anterior chamber nearly obliterated, owing to the advance of the lens; the pupil dilated to its utmost extent, a narrow ring of iris being alone visible. *Perception of light so absolutely destroyed on both sides, that a bright jet of gas, brought two inches before the eyes, was entirely imperceptible.* The result of an examination with the ophthalmoscope was negative, the obscuration of the vitreous being so great, that the red reflex from the bottom of the eye could scarcely be obtained. As, under such melancholy and pressing circumstances, the only chance of relief lay in the instant performance of iridectomy; and as the lateness of the hour at which the patient entered the infirmary forbade the performance of the operation for at least twelve hours, puncture of the anterior chamber of the eye was performed; in the hope of temporarily relieving the tension of the bulb.

Scarcely a drop of aqueous humor could be obtained from either side. On the following morning, Dec. 20th, iridectomy was performed on each side. The almost entire absence of anterior chamber rendered the performance of the operation exceedingly difficult; a lance knife, however, was finally passed through the sclerotic, between the iris and the cornea, and a wound two lines in length made; through which a small piece of the iris was drawn and cut off. Although the course cleary indicated was to remove as large a piece of the iris as possible, we were obliged to content ourselves for the present with the operation just described; inasmuch as the amount of iris that can be removed is directly proportional to the size of the scleral wound; and this last, as already remarked, could not be made greater, owing to the dangerous position of the lens.* The new pupil was formed, on each side, inwards. The left became obscured by a large clot of blood. The right remained free. A bandage was applied. The following day there was an improvement in the general appearance of the eyes. Each cornea presented less dulness, the anterior chamber was reëstablished. The right eye seemed to have a faint perception of light.

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* In no disease of the bulb has the operation of iridectomy such danger to encounter, as in glaucoma. The exceeding shallowness of the anterior chamber, where the iris is almost in contact with the cornea; the thrusting forward of the crystalline lens, whose equator attains a position anterior to the Schlemmian canal; the accompanying mydriasis which causes the disappearance of the colored ground of the iris, our only guide to the direction we shall give the knife; render necessary the greatest caution to avoid wounding the

Dec. 22d.—Slight improvement in the perception of light of each eye. If a brightly-burning lamp is placed twenty-four inches from the patient, she can tell when an opaque object is interposed between her and the flame. The eye remains hard to the touch.

23d.—Inasmuch as the intraocular pressure is still considerable, and its continuance may jeopardize the integrity of the retina, a second paracentesis of each anterior chamber is made. *Afternoon.*—Some ciliary neurosis, with slight febrile symptoms, chills, fever, thirst, &c. The pupils are still widely dilated.

24th.—Less conjunctival injection in each eye. General condition improved. More perception of light both sides.

25th.—Pupil of each eye widely dilated. More sensitiveness to light. *Right eye.*—The field of vision* begins 30° outwards from the point of fixation, and increases in distinctness towards its periphery. *Left eye.*—Counts fingers with certainty in 1¾ feet. The outer half of the field of vision is restored, more sensitive, however, at its periphery than at its centre. Each cornea has lost more of its dulness. The fundus of each eye is visible through the ophthalmoscope, and numerous large and small retinal apoplexies† are detected; in neither eye can much excavation of the optic nerve be made out. With each eye she readily makes out the hand, held nine inches before her, without being able to distinguish the flame of a candle, held in the same place.

27th.—Each pupil still widely dilated. *Right eye.*—Counts fingers in three feet. *Left eye.*—Counts fingers in seven feet; central vision improved. She distinguishes with difficulty a few colors. The quantitative perception of light does not correspond to the qualitative. While she can count fingers at the distance of several feet, she is unable to point out where the daylight enters the room through the window.

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capsule. Is not this probably the cause of the want of success of iridectomy in many cases? The author is aware of two instances, where this injury of the lens rendered the operation for glaucoma fruitless. He considers it therefore better, in such cases, to remove at first only a small piece of the iris; and, when a deeper anterior chamber has become established, to repeat an operation in itself so completely devoid of danger.

* For the benefit of those who have not paid particular attention to this subject, it may be well to describe a method by which the limits of the field of vision may be conveniently ascertained and recorded. The patient is stationed opposite and about a foot from a black-board, in the centre of which a small white dot or cross has been drawn, and is told not to move his eye from this dot or cross, but to regard it fixedly. Any conspicuous object, for example the piece of chalk itself, is then waved on either side of the mark in the centre of the board, and the patient is directed to notify us when—without removing his eye from the point fixed—he sees at the same time the moving object. Where this comes into view, a mark is made on the board, and the position of the object being then changed, he is asked when it again becomes perceptible, when a second mark is made. By finding where the object comes into view above, below, and on each side of the point of fixation, marking these positions, and finally connecting these marks by a continuous line; we obtain a diagram of the patient's field of vision for objects placed a foot in front of him: and thus are enabled to form an idea of the lateral sensibility of his retina. An accurate determination of the encroachments already made on the field of vision is of vital consequence in advancing glaucoma, and also in forming the prognosis of some amblyopic affections.—TRANSLATOR.

† An almost invariable appearance after the operation for glaucoma, and an evidence of the diminution of the intraocular pressure.—TRANSLATOR.

28th.—The difference between her recognition of the flame of a candle, and of reflected light, continues. The field of vision is increasing. The ophthalmoscope still reveals numerous apoplexies. The excavation of the right optic nerve is more clearly defined than that of the left. No change up to—

Jan 2, 1861.—As may be seen from the previous history, the vision improved slowly, and the media exhibited satisfactory signs of clearing. All the more remarkable, therefore, were the evidences of intraocular pressure that still existed, and that manifested themselves through the unusually dull appearance and want of sensibility of the cornea, the narrowness of the anterior chamber, the mydriasis, and the absolute paralysis of the greater portion of the retina on each side. On Jan. 2d, therefore, a second iridectomy was performed on each eye. The favorable influence of this operation may be seen from the results of subsequent examinations of the vision. The rapid improvement of the vision on the one hand, and the diminution of the symptoms of intraocular pressure on the other, after the second iridectomy, strengthened our convictions as to the propriety of the repetition of the operation. The amount of iris removed on the first occasion had clearly been insufficient, in so acute a case, to bring back the intraocular pressure to its normal condition. Although the vision of the patient was, on her discharge, still exceedingly imperfect; it was allowable to expect that, as time advanced, further progress would be made. Earlier observations made by us have shown, that in cases of acute glaucoma, treated by iridectomy, improvement in vision continued to take place from six months to a year after the operation.

On the discharge of the patient, Jan. 28th, she read with the left eye, without glass, Jäger's reading test No. 14 (paragon); the field of vision existed in its totality; the cornea had recovered its normal brilliancy, and the media were clear. Four retinal apoplexies were to be seen near the optic nerve, the arteries were thin, the veins normal, the optic nerve only slightly excavated. With the right eye she counted fingers at the distance of three feet. Measured at the distance of eighteen inches, the greater half of the inner portion of the field of vision was wanting, slight mydriasis, cornea normal, anterior chamber of normal depth, media clear. The ophthalmoscope showed a large retinal apoplexy, outward from the optic nerve. The optic nerve, as before, excavated.

March 11th.—The patient again presented herself. Central vision was better in each eye. With the left eye she read Jäger's test No. 9 (small pica) through a convex lens of ten inches focus; with the right, No. 17 (double great pica). The retinal apoplexies had disappeared from each eye. The field of vision remained unaltered.

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[Remarks.—This case illustrates the paramount importance of operating as soon as the slightest premonitory symptoms of glaucoma make their appearance. And among these early symptoms, none is more important than *the sudden increase of presbyopia,* obliging the use of a convex glass, stronger than that to which the patient had been previously accustomed. And when, as in the case before us, the appearance of prismatic colors around a flame is a coexistent symptom; it is safe to predict that the ophthalmoscope would reveal arterial pulsation (especially after prolonged use of the eyes), and thus afford the clearest indication for the instant performance of iridectomy. Had the patient, whose case has just been related, been under competent medical supervision at an early period, and the operation then been performed, there is every reason to believe that the sight of both eyes would have been completely preserved. And, in conclusion, the translator would call attention to the fact, that the detection, through the phenomenon of arterial pulsation, of the commencement of so insidious a disease as glaucoma, often before the slightest change is visible in the external eye, is not among the least of the services rendered to science by that much calumniated as well as neglected instrument, the ophthalmoscope.—H. D.]

## A CASE OF HÆMORRHAGE OF THE STOMACH.

[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by H. Holmes, M.D., and communicated for the Boston Medical and Surgical Journal.]

Mr. ——, a stout, athletic man, 42 years of age, Irish by birth, a little above the medium size, and a boot-maker by trade, called on me March 12th, 1858, for advice. He complained of loss of appetite, a feeling of lassitude, and lack of energy to pursue his calling; tongue slightly furred, pulse natural. His sallow complexion and the season of the year, in connection with these symptoms, suggested the exhibition of a blue pill, which he took in five-grain doses every other night for a week, followed by gentle cathartics on each succeeding morning. Some days afterwards he reported himself better; and still later, that he was quite well, and felt like himself. But on the 17th of April, he again called on me, saying that he did not feel right. There was tenderness upon pressure in the epigastric region, and he had little inclination for food; his stomach would not bear many articles which he was once in the habit of eating. His shop was near me, and I had noticed that he held his boot in the old way, by pressing one end of it against the pit of his stomach. I therefore suggested that he should discontinue this practice, and apply a slightly stimulating plaster to the epigastric region. He applied the plaster, but continued to work and hold his boot as before, till about the first of July, when I saw him at the request of one of his friends. In the meantime he had consulted a doctor in Boston, as he told me, and, as he thought, without benefit. Some one also had advised him to drink Medford rum, which he did until he was satisfied it did not agree with his complaint. At this time, his pulse was somewhat accelerated and small; tongue slightly furred; sleep interrupted; epigastric tenderness, with some pain occasionally; anorexia, and ability to eat but a few articles of food, of a very mild nature. He had lost considerable flesh, and the expression of his countenance indicated the reverse of health. He was at work on his bench. I advised that he should leave his shop and bench immediately, and, if he was able to labor at all, to do such light work as he could for some farmer. He promised to quit the shop the next day, and did so.

From this time, I heard nothing of him till July 31st, when I was summoned in haste by one of his neighbors to see him. "He had been raising blood," as the messenger told me, "and looked as if he might die before I reached him." I found him with features collapsed, and much pallor of face and lips, lying with his eyes closed, head and shoulders raised, and apparently much exhausted. He had vomited about a wineglassful of blood, which had been allowed to remain on the floor. His wife stated that he had raised a good deal at times, for some weeks. His extremities were cold, and I caused them to be rubbed with hot flannels, and wine was given him to drink, which he took with some difficulty from a teaspoon. His pulse was small and unsteady; in about an hour he died.

Four weeks preceding his death he had been under the care of a doctor in Boston, who told him, he said, that his lungs were perfect, but that his liver was filled with little sores, and that the exterior was covered with slime.

Dr. Hodgdon assisted at the autopsy, which was made twenty-four hours after death, when the liver was found to be of its normal size and color, a little more easily broken down than a healthy one, but having neither sores in the interior nor slime on its exterior. The lungs were not otherwise disordered than being exceedingly adherent to the walls of the thorax, which adhesions appeared to be of long standing. The stomach was distended with about three pints of coagula, all the tissues of it near the cardiac region being inflamed, and in some places ulcerated; one of these ulcers, deeper and larger than the rest, had involved bloodvessels of considerable size, that had caused the hæmorrhage which had resulted in death. The spleen was also involved in the inflamed mass, and was firmly agglutinated to the stomach.

I should not have thought this a case of sufficient interest to report, had I not, some time subsequent to the *post mortem*, opened "Watson's Practice," and found something touching cases of this kind, from which I will give a short extract.

"What I have so frequently mentioned in respect to hæmorrhages from the mucous membrane generally, viz., that the efflux of blood is seldom owing to the rupture of a large bloodvessel, holds true in this. It can rarely happen that any vein or artery belonging to the stomach is divided or laid open by accidental injury, so as to pour out its blood. When hæmorrhage does proceed from one or more of the larger bloodvessels, the opening by which the blood escapes is commonly the result of chronic ulceration; such as I spoke of yesterday. I have not myself met with an instance of that kind. Andral states, that, at most, there are but five or six such cases to be found in the records of medicine. Since his work on *Pathological Anatomy* was published, another example of the same lesion has been detailed in the *Journal Hebdomadaire* for May, 1830. I show you a drawing after Dr. Carswell, representing an ulcer which laid open the coronary artery of the stomach, and caused fatal hæmorrhage. In such cases, we have, first, the symptoms of chronic gastritis; next, faintness, or actual syncope, from the sudden abstraction of a large quantity of the vital fluid; and, lastly, the visible eruption of the blood itself; for vomiting seldom occurs until a large quantity of blood has accumulated in the stomach."

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## PERTUSSIS AND ITS TREATMENT.

**[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by H. Holmes, M.D., and communicated for the Boston Medical and Surgical Journal.]**

I. V., four and a half years old, and generally in good health, had, on the forenoon of Nov. 22d, 1858, a very flushed face and dizziness, which lasted from nine to ten o'clock, accompanied with "screechings." I saw her at eleven, A.M., and found her heavy-eyed; conjunctivæ and skin around the mouth, yellowish; cheeks dingily flushed; tongue coated; pulse 120, not very hard; respiration not much accelerated. Has been whooping one week, and for two weeks previous had catarrhal cough. For the last three nights has not slept one whole (consecutive) hour, on account of the paroxysms of coughing. R. Hydrarg. chlorid. mit., gr. i.; sach. alb., gr. x. M. Et in chart. iii. divide. One of the above powders was given at eleven, A.M.

The following mixture was left, with directions that the child should take one teaspoonful of it every two hours, beginning as soon as the calomel should operate. R. Acidi nitrici dilut., ʒ xii.; tr. cardamom. comp., ʒ iii.; syr. sympl., ℥ iiiss.; aq. puræ, ℥ i. M.

Nov. 23d, 11 o'clock, A.M.—The mother reported that the powder operated at 5 o'clock, P.M., and that at 6 she gave the first spoonful of the acid mixture; from about 2 to 6, A.M., there was no paroxysm of coughing, and during most of the time the child slept well. The yellowness remains, countenance more natural; pulse 95, soft; tongue cleaning. Continue acid mixture.

Dec. 13th.—The mother reports that, from my last visit, on the 23d ult., the child has had very few coughing spells in the night time, a majority of the nights being passed in uninterrupted sleep.

Jan. 1st, 1859.—For the past week, the child has seldom coughed, day or night. Has been taking two teaspoonfuls of the mixture three times daily.

L. J. had been whooping two weeks, and had been coughing for four weeks, when I saw her on the 20th Dec., 1858. Is three and a half years old; generally healthy; has chronic moderate enlargement of tonsils. Have not been called upon before this day, because the mother thought little or nothing could be done for whooping cough but to let it take its course. For the last three or four nights, the little girl has had many severe paroxysms of coughing, so that the night-rest of both parents has been seriously broken in upon.

From 10, A.M., the child took one teaspoonful of the acid mixture mentioned above, every two hours, regularly, until 10, P.M. From 11, P.M. until 3, A.M., she slept quietly and peacefully. Dec. 28th. The cough is reported, by the mother, to be "not troublesome;" there are two and sometimes three paroxysms in the twenty-four hours. Jan. 10th, 1859.—Child has not had a paroxysm for two days; takes three spoonfuls of the mixture in twenty-four hours.

O. and I. L., twins; one year old on the 4th Nov., 1858. Patients of Dr. Rickard, of Woburn, who saw them for the first time on the 18th September. They had been sick for several weeks with cholera infantum, principally under homœopathic treatment.

On the 13th October, I saw these children in consultation with Dr. R., and many times with the Doctor after the 22d. As these cases will probably, hereafter, be reported in full, all that is necessary for me to say at present, is, that about the 20th it became evident that whooping cough had supervened upon their other troubles. A mixture containing sulphuric acid was given, in the hope of favorably affecting the condition of the stomach and bowels, as well as the whooping cough. This, in a few days, was changed to the nitric acid mixture, and with evident benefit to the children, in all respects, which, however, was only temporary. They died when little more than a year old.

During the last twelve months, I have been called upon to prescribe for no case that had not been whooping for, at least, two weeks. There are eight other cases on my note-book, besides those mentioned above, in which I have employed the nitric acid treatment with evident advantage.

I sometimes use the following prescription:—R. Tr. cardamom. c., ℥ ss.; syr. simpl., ℥ iiiss.; acid nitrici, gtts. xxxii. M. From five drops to one teaspoonful to be given frequently, according to the age of the patient, and the severity and frequency of the paroxysms.

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## Army Medical Correspondence.

### GUN-SHOT AND OTHER WOUNDS IN THE ARMY.

[Communicated for the Boston Medical and Surgical Journal.]

*Gun-shot Wound in the Right Arm.*—P. E. D., of Company D, received a bullet in his right arm, about midway between the elbow and the shoulder, which cut and tore obliquely upward and outward, through the skin, cellular tissue, and biceps flexor of the arm; producing a ragged and irregular wound of about three and a half inches in extent.

This was one of those cases which occurred in the unfortunate affair between our own soldiers, on the night of our arrival at "Camp Advance." The wound was carefully washed; and no important artery having been injured, three interrupted sutures were introduced, which, with adhesive straps, and a roller, placed around the arm, kept the lips of the wound properly adjusted. As it was difficult to keep this muscle quiet, the wound had to heal by granulation and cicatrization, which required some three weeks time to accomplish. The patient did well, and returned, at the end of that time, to full duty.

*Gun-shot Wounds of the Hand and Arm.*—These wounds occur very frequently, from carelessness in handling pistols and other firearms.

Case I.—Sergeant B., of Company —, while handling a small pocket-pistol, accidentally discharged it while the muzzle was pointing upward. The bullet (a good-sized buck-shot) entered at the wrist, passing upward along the tendons of the flexor muscles, and becoming deeply imbedded near the inter-osseous ligament, about two thirds of the distance from the wrist to the elbow. The wound of entrance was a small, round orifice. The bullet could scarcely be detected, imbedded in the muscles. No pain or other inconvenience accrued from its presence, so that it was not deemed advisable to divide the tissues and search for it. It still remains there, without inconvenience to the young man.

Case II.—Lieutenant H., of Company H, was handling his revolver, I believe loading it, when one of the barrels discharged itself through and between the fingers of his left hand. The middle and ring fingers were terribly torn, and the bones of the second joint of the former shattered to pieces. An attempt was made to save the finger by adjusting the wounded pieces to each other, but in vain. The middle finger had to be amputated at its junction with the metacarpus, after which the patient did well, and is now fully restored to duty.

Numerous luxations of the joints of the fingers and wrist have occurred. In one case, a sub-luxation of the right thumb, with its metacarpal bone, which had lasted for several days, was easily reduced by slight extension and firm lateral pressure. The reduction was followed by the immediate use of the thumb, with great relief to the patient.

*Gun-shot Wound of the Side and Back.*—Private J. D., of Company I, received a bullet near the anterior extremity of the seventh rib on the right side; which passing along the lower margin of that rib backward and upward, to its angle, passed out near the spinous process of the corresponding dorsal vertebræ, leaving two large orifices, the dorsal one much the larger, terminating a long track of wounded tissue. The patient was brought to the hospital at "Camp Advance," with his overcoat, coat and shirt soaked in blood, so that they had to be destroyed by fire. The prostration was so great from the shock and hæmorrhage, that no proper examination of the wound at first could be made. The bullet was supposed to have passed through the liver and lung, mostly the latter, of the corresponding side, as indicated by the direction of the wound, and the fact that bubbles of air came out with the blood. The patient was propped up on his cot, and stimulants were administered every few minutes in order to support life; while a bandage was carefully and not very tightly applied around the chest. The patient was directed to lie upon the wounded side. This, however, he could not do, and remained propped up in a semi-sitting posture. The pulse was scarcely perceptible, respiration very difficult, hands and feet very cold, and the expression of the face almost Hippocratic. By afternoon of the same day (11th of October), there was a slight improvement in the condition of the pulse and other symptoms; and by the next morning, sufficient reaction had taken place to admit of further examination, particularly of the large wound on the back. The hæmorrhage had almost entirely ceased from this wound, and there was only a slight oozing from the anterior one. The patient took a little nourishment; a clean bandage was placed around his body, over a broad flat compress, extending the whole length of the wound, fresh clothes were placed upon him, and some faint hopes were entertained that he might possibly recover. The next day, increased reaction had taken place, the wound was re-dressed, and the patient asked for some *lager beer*. He still retained his semi-sitting position, and his voice, when he attempted to speak, was scarcely above a whisper. Suppuration in a few days began to show itself at the wounds; the discharge soon became abundant and offensive. The dressings had to be applied twice or three times a day; and stimulants and nourishing food were administered as freely as the patient would take them. The usual sloughing process of a gun-shot wound kept down the strength of the patient, and threatened his life. When the regiment left the camp, some three weeks after the accident, this patient was placed in the division hospital, near the Chain Bridge, where he remained till the latter part of November. He continued to improve gradually till he was able to walk about with a cane, when he got a furlough to go home, until fit for duty. By this time, I have no doubt, he has fully recovered.

*Injuries of the Pelvis.*—Private S., of Company A, while riding at full speed, was suddenly thrown by the stumbling of the horse, and injured in the region of the pelvis. He seems to have fallen upon the sacrum; and he says the horse rolled on him, and over him. When he was brought to the Hospital, he complained of great pain in the sacro-iliac region, and down the thighs and legs. There was great tenderness on pressure in the sacral region, and the patient could lie only obliquely on the right side. Both lower extremities were entirely paralyzed, and no urine could be drawn from the bladder. The introduction of the catheter into the latter organ was followed by a very slight discharge of coagulated blood; the catheter being blocked up with it. A large poultice was placed upon the sacrum, and anodynes were freely given to allay pain and produce sleep. On the second day, free cupping was resorted to, over the sacrum, and soft, warm, flaxseed-meal poultices were repeated. A clyster was administered, and the catheter introduced, with the effect of producing a free discharge from the rectum, and a few coagula of blood from the bladder. The anodynes were continued. On the third day, about half an ounce of urine mixed with blood, passed off through the catheter. Some slight nourishment was taken by the patient, but the pain continued severe, and the abdomen began to swell considerably in the supra-pubic region. Poultices were continued, and the catheter applied two or three times during the day, without, however, drawing off any more urine. On the fourth day the patient could move his right leg slightly, and had passed, during the night, a large quantity of blood, dissolved in urine, from the bladder. The pain had much diminished; and he could be moved in the bed slightly, with less difficulty. Anodynes and poultices were continued. On the fifth day, urine was drawn off by the catheter twice, the cups were re-applied to the back, the poultices were continued with the anodyne (morphia), and an improved diet allowed.

This patient was taken to the Georgetown Hospital, and placed under the care of Dr. McLaren, medical examiner for the United States Army. Here the catheter was daily introduced, the bladder refusing to act of its own accord, and the patient, at the end of three weeks, was enabled to move about the ward on crutches, and was in a fair way of recovery when I last heard from him.

Lieutenant T., of company C, was riding a spirited horse at full speed, at "Camp Stoneman," when the horse, on springing over a ditch, suddenly swayed to one side, and threw him. He fell on a stump, striking on the sacro-lumbar junction, paralyzing, instantly, the nerves coming off from the *cauda-equina*, producing total immobility in the lower extremities, and intense pain in the back, pelvis and thighs. Being of herculean frame, and proud of his strength, he refused to be carried on a litter to his tent, and was dragged and lifted along on the shoulders of some of his friends. The pain in the back and down the thighs was intense, and only relieved by large doses of morphia. No external injury could be detected on examining the sacrum and back. No difficulty in the urinary apparatus or rectum occurred. Cups were freely applied to the *sacro-lumbar* region, followed by soft, warm poultices, and the free exhibition of anodynes. Slight motion returned to the right limb in about six hours. The pain was confined to the thighs, and did not extend to the leg. The muscles of the latter continued to contract freely. The bowels were kept open by compound cathartic pills; the anodynes were repeated for several days, together with the poultices. The cups were re-applied at the end of twelve hours. Getting leave of absence, the Lieutenant was removed to Philadelphia, with his friends, where, under the judicious care of Dr. C., he gradually recovered; and then returned to camp, to continue one of our most active and efficient officers.

Not long ago, he repeated the experiment of falling from his horse at "Camp Griffin," very much in the same way as before; but the injury was much less, so that, in a short time, a good constitution and proper medical attention restored him to his duties again.

While speaking of injuries in the abdominal and pelvic regions, I ought, perhaps, to notice some of the numerous cases of hernia, varicocele, prolapsus ani, &c., which occur in cavalry service. But time and space do not permit my enlarging upon these topics at present; I shall probably mention some of them in my next.

James Bryan, M.D.,
*Brigade Surgeon, U. S. Army.*

Restoration of Bone.—The *Lancet* publishes the following interesting case of restoration of bone, read by M. Demeaux before the Academy of Sciences: — A young soldier had been wounded at Solferino by a musket ball, which had fractured the left superior maxillary. The day after the battle a surgeon extracted the projectile, together with several splinters of bone, in one of which three molars were firmly implanted. On examination, about half of the palatine roofing was found to be devoid of bone, the mucous membrane constituting the only wall of separation between the mouth and nose. In consequence of the want of solidity in the palate, the functions both of articulation and deglutition were impeded. Last summer, Dr. Demeaux found the bony plate forming the roof of the mouth quite entire, and the impediment of speech and the inability to swallow had disappeared.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 13, 1862.

*Fiat experimentum in corpore vili* is a maxim only too often illustrated in the history of disease and the practice of medicine. The value of the truth elucidated, in those instances where hygienic laws are concerned, does not yet awaken the public mind as it should to the importance of constant watchfulness against the danger of breaking them. It takes a long time for the wisdom of the thoughtful and observant few to possess and guide the community at large, and many of the plainest truths are constantly disregarded. But when for *vili* in the proverb we substitute *nobili*, the case is very different, and an impression is made which is likely to be much more lasting, and men can only wonder that what has been so well known has been so much neglected. These reflections have been suggested to us by the discussions now going on in the English medical press on the nature and cause of the disease which has so recently invaded the Royal household and saddened the whole British nation with heartfelt sorrow. The first bulletins concerning the malady of the deceased Prince Consort gave no very clear idea of its nature, and although it was subsequently announced as typhoid fever, the medical profession of England are urgently demanding a full and authentic professional report of the case. That typhoid fever, a disease so often directly traceable to foul exhalations from neglected accumulations of filth, or the miasm of stagnant water, should have struck such a shining mark, seems to excite much astonishment, and has led already to the inquiry as to the source from which such an emanation could have proceeded. In the editorial of the London *Lancet* noticing the death of the Prince, we find the following:—

> "The melancholy occurrence must induce the profession to revert to the former epidemic of typhoid fever which raged severely in Windsor two years since. That attack was traced by Dr. Murchison very clearly and distinctly to bad drainage as its cause. The question has been asked whether the Castle itself is as badly drained as the town, and whether there be anything in the drainage of Windsor Castle which could be expected to favor the growth or dissemination of the disease. It must be remembered that this is one of those zymotic ailments essentially connected in their origin with local defects of sanitary arrangements. So close is the connection between bad drainage and typhoid fever, that Dr. Murchison has, with the assent of Dr. W. Farr, denominated it pythogenic fever, or fever generated by dirt. In the case of the epidemic of Windsor two years since, this was very observable. A plan of the drainage of the castle and town, given by Dr. Murchison in his valuable description of the cause of the epidemic, shows, however, that the Royal residence is directly and perfectly drained into the Thames. It deserves, perhaps, to be mentioned also, that this good drainage is peculiar to the Castle, only one half of the Royal Mews participating in its benefits. These two blocks of buildings are separated merely by a roadway, and while that half which has the benefit of the Castle drainage remained free from fever, in the other ill-drained block there occurred thirty cases of fever and three deaths amongst the royal servants."

In the issue of the next week, the subject is again alluded to, and the general truth involved is so important that we feel justified in making another extract, as follows:—

"Now we have already stated that the drainage of Windsor Castle is excellently devised and well cared for; nevertheless, we are informed on the highest authority, and by those best acquainted with the place, that although the royal apartments and basement are as well ventilated as their inconvenient construction permits, yet bad smells very frequently occur there, and are a source of annoyance. This statement is repeated by the warmest apologists for the drainage, and by the optimists who are seeking to make everything superficially and dangerously smooth. Very lately a circumstance here much to the point occurred in the villa of a great city merchant. He had constructed a house and grounds perfectly drained and ventilated. Still bad smells were occasionally noticed; and although trapping and ventilation were carried to the highest pitch of perfection, typhoid fever showed itself amongst the servants, and caused much distress and alarm. An experienced sanitary officer who was finally consulted, advised that the ground should be carefully probed for old cesspools; and a trained person employed found four of these fever-generators on the spot, which had been closed up when disused, but, as so often happens, had not been emptied and filled with brick-dust—the only safe method of dealing with them. This cause was removed, and the effect ceased.

"Now bad smells must have a cause, and typhoid fever is intimately connected with bad smells. Here is suggestive matter for those concerned. It is quite true that the Prince Consort may have contracted his fever at Osborne, or South Kensington, or in any unknown locality; but he was taken ill at Windsor Castle; and we should not be satisfied by resting on vain imaginings, unless perforce driven to them. The known etiology of typhoid fever is so suggestive of a local defect in the Castle, that no one can feel happy at hearing that the Royal residents have returned, until the present doubt is set at rest."

We are not yet so embittered against the Mother Country as to be actuated merely by the selfish motive of seeking to make a personal application for our own benefit of the warning so plainly contained in the articles which we have quoted. We sincerely sympathize with those who feel that they have sustained in the death of their Prince an irreparable loss. But we cannot refrain from availing ourselves of this renewed opportunity of calling the attention of the community to the paramount importance of unceasing vigilance in all that relates to matters of public hygiene. Only last year a nuisance of the most dangerous character was not only tolerated by, but created under the supervision of the officers of public health, on the western border of our city; giving rise, before it was corrected, as there is good reason to believe, to a considerable amount of grave disease in the neighborhood; and at the present time the drainage of the new lands on the Back Bay is by no means, as we hear, so thoroughly contrived as to make a word of caution an impertinence. We do not doubt the earnest desire of the gentlemen who have it in charge to make it as perfect as possible. We will only add, let the sewers be so constructed, that by no possibility can a break be made in them under the peculiar circumstances of settling of the land and jar from vehicles passing over them, to which they must be inevitably exposed. Any such flaw, so easily produced unless the greatest precautions are taken, will lead to obstruction of the drains and an accumulation of foul deposits in the soil, which may make its presence first known by a fearful epidemic in the neighborhood.

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We are requested, as an act of justice, to print the following statement in relation to the notice of Dr. Morton's recent suit for an infringement of his patent, copied into last week's Journal:—

Messrs. Editors,—In the last number of the Journal you make a report of the action for infringement of the patent for the use of sulphuric ether, which I think calculated to do injustice to more parties than one. The report contains, among other extracts, the following from Dr. Willard Parker's testimony:—

"Dr. Morton came to me in 1856 or 1857, and brought letters from physicians and surgeons in Boston; I was aware of the subject, and aware of its being patented; and of course there was a prejudice in the profession against patentees, or having anything to do with them. Witness proceeded—I had a conversation with Morton about it, and he said that he had abandoned the patent, and was now throwing himself upon the humanity of the world; I then took him cordially by the hand, and introduced him to a large number of gentlemen in the profession; he made a statement at a meeting we had of what he had gone through with, and of his purpose with regard to the patent, and explained about a suit which had been commenced against the Chelsea Hospital; measures were taken by the profession here to raise funds for him; the New York Hospital paid him $500, and Bellevue $1,500; I went down to South street and raised several hundred dollars, on the ground that he was a benefactor to the world. This was done on the idea that he had abandoned his patent, otherwise not a thing would have been done.

"*Re-direct.*—I would not, because he was shielding himself under another garb; he had his patent to protect him, and we should have left him to that."

The injustice of the report lies in these lines—"*This was done on the idea that he had abandoned his patent, otherwise not a thing would have been done.*" A few lines above, it will be observed it is stated that Dr. Morton explained, at a meeting of the profession, about a suit which had been commenced against the Chelsea Hospital, and his purpose with regard to the patent. That explanation was as follows:—At the time of the discovery he was not *a medical man*, but a practising dentist, and therefore not amenable to and knowing nothing of medical ethics. His age was but 24 years, with but slight experience in the world, and he comprehended no other method of securing to himself with certainty the credit of the discovery. His object in securing the patent was not certainly to restrain the use of the anæsthetic, as is evident from the unrestrained use of ether during the fourteen years of the valid existence of the patent, but to enable him to retain the discovery under his own control whilst perfecting it; for at that time the use of the complicated inhaling apparatus was considered essential. Having little doubt the Government would take it out of his hands when the public good required it, he applied to Congress within ninety days after its announcement, to recompense him for the losses incurred in making and promulgating the discovery, by paying him for the privilege of its use in the Army and Navy. During eight long and weary years he had been engaged at the cost of health, time and money, and every comfort for which we value life, industriously vindicating his claims upon the Government. Though several committees of Congress acknowledged the propriety of making him compensation, and a bill for a hundred thousand dollars twice passed through one branch of Congress for that purpose, he had then no hope of compensation upon his present basis of operation. The last debate upon the subject had shown him that an entirely different basis for argument had been taken from that which had been adopted at any previous session. "Let him enforce his patent like all other patentees if he wishes anything," was the cry; "and when it is done, and judgment is rendered in his favor, then the Government will pay, but not before." Upon this suggestion, the first step advised and acted upon was to protest against the use of ether in the Government service unless by purchase, as perhaps this act alone might bring the Government to terms, and prevent any further trouble. This protest, addressed to the Executive, was endorsed by a majority of both houses of Congress. Winter passed and Spring came, when, finally, the claim was reported favorably upon by all the departments under whose cognizance it came, and the President sat down with pen in hand to sign the bill, when suddenly he asked for further delay, giving assurance that it would be but temporary. At the end of another two years, Dr. Morton had an interview with him, and was informed that before paying any sum for the patent the Government wished a legal decision in the case. In reply to the President, who asked why a suit had not been brought before, Dr. Morton replied that owing to the peculiar nature of his discovery, he had never wished to take legal steps. The President proposed that a suit should be commenced against some surgeon of the Government service who had at some period used the discovery, and who should be instructed by the Executive to admit the use of any agent covered by his patent, and consequently Dr. Morton would be put to no trouble or expense to prove it; that the suit, when brought, should be considered as brought against the Government, and not against the surgeon, and that the Government should shoulder all the responsibility. He closed by saying, that when it was decided that the Government was violating Dr. Morton's patent, the Government would pay. When every other hope failed, and his children were about to be dispossessed of a home for moneys he could not pay, he brought the suit as suggested by the President, against Dr. Charles A. Davis, in the employ of the U. S. Government, which resulted in Dr. Morton's favor. The Government refused to defend Dr. Davis, or to indemnify him, and Dr. Morton gave a release to him, inasmuch as the suit was brought to test the validity of the patent. By the time Dr. Morton obtained the verdict, a new administration was power, and the Government refused still to pay him, alleging that he must bring suits against those that would defend, before his rights would be conceded by the Government. What perplexed the case more, the Government had been obliged, on technical grounds, to refuse him the extension of his patent, and his only hope in bringing the claim within the requirements of the Government was to bring further suits before the claims for past infringements were outlawed.

It is under these circumstances that the suit you have reported upon was brought; and we think, taking the case in all its bearings, we have clearly showed that the charge of disingenuousness has been applied under a misapprehension of the facts, and that he is using a justifiable means of inducing the Government to compensate him, after his appeals for compensation have been rejected by Congress.

X.

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Messrs. Editors,—At a meeting of the Worcester Association for Medical Improvement, held last evening, the accompanying preamble and resolutions were unanimously adopted. In accordance with instructions from the Association, I offer you a copy for publication.

Respectfully, Thomas H. Gage, *Sec'y.*

*Worcester, Feb.* 7, 1862.

*Whereas*, This Association has been called to mourn the removal, by death, of Dr. John Eaton Hathaway, one of its most beloved and useful members; and

*Whereas*, It is fitting that we should give some public expression of our sense of bereavement, and of our appreciation of his worth and virtues; therefore,

*Resolved*, That in the decease of our late associate and friend, we recognize the loss of one, who, by superior attainments, practical efficiency, and conscientious devotion to its grave responsibilities, adorned and dignified the medical profession.

*Resolved*, That we will cherish his memory with a permanent and especial regard, for the unblemished purity of his private life, for the warmth and richness of his personal friendship, and for the beautiful exemplification, in his daily intercourse, of a heart governed and subdued by Christian principle.

*Resolved*, That to the family of our deceased friend, we proffer our sincere and affectionate sympathy in this hour of severe trial, and assure them of the deep and tender interest with which we shall ever regard their future welfare.

*Resolved*, That the Secretary be instructed to transmit a copy of these resolutions to the family of Dr. Hathaway, and to offer them for publication in the Boston Medical and Surgical Journal, and in the daily papers of Worcester.

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Messrs. Editors,—At a meeting of Medical Cadets, U. S. Army, held in Washington, Jan. 20th, W. D. Day, of the General Hospital, Alexandria, was elected Chairman, and H. A. Robbins, of the Circle Hospital, Washington, Secretary. Messrs. Paine and Davis of New York, and Bodman of Massachusetts, were appointed a Committee to draft resolutions on the death of Cadet Delafield, and reported the following, which were adopted:—

*Whereas*, It has pleased the Supreme Ruler of events to remove from our midst, by death, Medical Cadet Rufus Delafield, of New York City, therefore, *Resolved,* That we bend in humble submission to this decree of an all-wise Providence, recognizing in the event the hand of "Him who doeth all things well."

*Resolved,* That in the death of Cadet Delafield, the corps has lost an efficient and faithful member, the Science of Medicine an earnest and enthusiastic student, and the profession one of its most promising aspirants.

*Resolved,* That we will ever cherish the memory of the many virtues of the deceased, and imitate his patriotic devotion, his scientific zeal, and his uniformly kind and Christian deportment.

*Resolved,* That we extend to the bereaved relatives and friends of the deceased, our sympathy and condolence in this dark hour of their trial, and commend to them the consolation that comes from a higher than human source.

*Resolved,* That we wear the usual badge of mourning for thirty days, and that a copy of these resolutions, signed by the chairman and secretary, be sent to the family of the deceased, and to the Medical and other journals, for publication.

W. D. Day, } *Medical Cadets,*
H. A. Robbins, } *U. S. Army.*

Naval Medical Appointments.—The *Medical Times*, of New York, gives a list of the appointments for the recently enlarged medical corps of the Navy, made by the Naval Medical Board during its late session, which lasted from the beginning of summer to the 27th of January. The earlier appointments, in July and August, to fill previous vacancies caused by resignations, &c., have been published. The fifty-nine, which follow, have been appointed since, and are arranged in the order of merit as determined by the Board, with the name of the State from which appointed, and the medical school from which each candidate graduated :—Robert T. Edes, Mass., Harv. Univ. ; John D. Murphy, N. Y., Univ. N. Y. ; Edgar Holden, N. J., Col. P. & Surg., N. Y. ; R. E. Van Giesen, N. J., do. ; Thos. C. Walton, N. Y., McGill Col., Montreal ; Benj. H. Kidder, Mass., Long Island Med. Col. ; Lewis Zinzin, N. Y., Heidelberg Univ. ; G. H. E. Baumgarter, Mo., St. Louis Med. Col. ; John Homans, Jr., Mass., Harv. Univ. ; John H. Clarke, N. H., do. ; Greenville S. Slough, Pa., Jeff. Med. Col. ; Sam'l R. Foreman, N. J., Col. P. & Surg., N. Y. ; Wm. B. Gibson, Mass., Harv. Univ. ; Geo. W. Woods, Mass., Univ. Virg. ; Adolph A. Hoeling, Pa., Univ. Penn. ; James J. Allingham, N. Y., Col. P. & Surg., N. Y. ; Charles E. Stedman, Mass., Harv. Univ. ; Wm. F. Tevey, N. Y., Univ. N. Y. ; C. J. S. Wells, Vt., Univ. Vt. ; Charles J. Hubbard, Ohio, Harv. Univ. ; Wm. K. Van Keypair, N. J., Univ. N. Y. ; Joseph Hugg, N. J., Jeff. Med. Col. ; F. B. A. Lewis, N. Y., Harv. Univ. ; Wm. Brown Mann, N. Y., Buffalo Univ. ; Sam'l W. Abbott, Mass., Harv. Univ. ; Luther M. Lyon, Pa., N. Y. Med. Col. ; Wm. S. Fort, N. J., Univ. Penn. ; Charles H. Giberson, Vt., Univ. Vt. ; Charles H. Perry, R. I., Univ. Penn. ; Thomas Hiland, N. H., Dartmouth Med. Col. ; Daniel M. Skinner, N. J., Univ. N. Y. ; D. K. Bannon, Pa., Univ. Penn. ; David T. Ricketts, Md., Univ. Md. ; Thomas L. Patrick, Md., Univ. Md. ; Joseph A. Babier, Mass., Harv. Univ. ; Sam'l N. Brayton, Mass., Col. P. & Surg., N. Y. ; Edw. C. Vermeulen, N. J., do. ; Wm. T. Plant, N. Y., Univ. Mich. ; Wm. Chalmers, N. Y., Col. P. & Surg., N. Y. ; Charles H. White, Mass., Harv. Univ. ; George T. Shipley, Mass., do. ; Isaac H. Hazelton, N. H., do. ; James H. Mears, Pa., Univ. Penn. ; Benj. F. Pierce, Me., Harv. Univ. ; Newton H. Adams, N. Y., Albany Med. Col. ; Edward Kersner, Md., Univ. N. Y. ; Stephen H. Clarke, N. Y., do. ; Charles Carter, N. Y., Col. P. & Surg., N. Y. ; Thomas N. Penrose, Pa., Univ. Penn. ; J. Henry Gunning, N. Y., Univ. N. Y. ; Edward A. Pierson, N. J., Col. P. & Surg., N. Y. ; Watson C. Hall, N. Y., Geneva Med. Col. ; George R. Brush, N. Y., Col. P. & Surg., N. Y. ; Heber Smith, N. Y., do. ; Edward D. Payne, Pa., Jeff. Med. Col. ; Edward K. Dodge, Pa., Phil. Med. Col. ; Ira A. Bragg, Mass., Harv. Univ. ; George D. Storme, N. Y., Buffalo Univ. ; John D. Ackley, Pa., Univ. Penn. The following reported after the vacancies were filled as above. They will be appointed as vacancies occur. Edward S. Olcutt, Ky., Univ. N. Y. ; John T. Luck, Iowa, Harvard University.

The Fifty-Fifth Annual Session of the Medical Society of the State of New York was commenced in Albany, as we learn by the *Medical Times*, on Tuesday, the 4th instant. Dr. E. H. Parker, of Poughkeepsie, the

President, on taking the chair, made some interesting remarks on military surgery, and urged the adoption of some plan by which the surgeons of both armies might be allowed to visit the battle-field and minister to the sufferings of the wounded. A communication was received from the Oneida County Medical Society, expressing decided disapprobation of the proposed plan of appointing homœopathic physicians to the post of Army Surgeons. A paper was read by Dr. Bissell, of Utica, on the occurrence of paralysis after diphtheria. The fatality of such cases, in his practice, was about five in nine. Other members had not met with such fatality, and some had not seen paralysis in their practice as the sequel of diphtheria.

STATE ALMSHOUSE AT MONSON.—From the last Annual Report of Dr. J. D. Nichols, Physician to this institution, we gather the following statistics for the year ending the 30th of last September. Number remaining in hospital, Sept. 30, 1860, 60; admitted during the year, 500; births, 18; deaths, 53; discharged, 431; remaining in hospital, 59. No epidemic has prevailed during the year, and the number of admissions to the hospital but slightly exceeded those of the preceding year. Average number in Almshouse, for the year, 590.

THE lectures in Castleton (Vt.) Medical College are to be suspended for the present, on account of disarrangement of plans caused by the war. The Spring Course, therefore, which has recently been advertised in this JOURNAL, will not commence at the time specified.

DR. FRANCIS W. KELLY, of Derby Line, Vt., has been appointed Surgeon, and Dr. Enoch Blanchard, of Lyndon, Assistant Surgeon, of the 7th Vermont Regiment.—Dr. John W. Graves, of Lowell, has received the appointment of Physician and Surgeon to the United States Marine Hospital at Chelsea, and has accepted.—Dr. John Homans, Jr., has been ordered to the gunboat Arostook, now at Charlestown.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, FEBRUARY 8th, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . | 35 | 48 | 83 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 39.0 | 40 5 | 79 5 |
| Average corrected to increased population, . . . . . . . . | .. | .. | 88.66 |
| Deaths of persons above 90, . . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 13 | 0 | 4 | 4 | 7 | 0 | 1 | 1 | 2 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending Feb. 1st.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . | 30.022 | Highest point of Thermometer, . . . | 38.0 |
| Highest point of Barometer, . . | 30.360 | Lowest point of Thermometer, . . | 10 0 |
| Lowest point of Barometer, . . . | 29.194 | General direction of Wind, . . . | West. |
| Mean Temperature, . . . . | 23.3 | Am't of Rain (inches), including melted snow, | 0.00 |

TO CORRESPONDENTS.—The letter from Dr. Baker, of Iowa, with its accompanying document. came to hand too late for insertion this week. There are also on file, for publication—Dr. White's Cases of Pityriasis Versicolor, Dr. Spring's paper on Pott's Disease of the Spine, Dr. Welsh's Translation of a paper on Whitlow, and W. S. B.'s note on Oiled Paper in Surgery.

PAMPHLETS RECEIVED.—Amputation of the Cervix Uteri. By J. Marion Sims, M.D., Surgeon to the Woman's Hospital, New York.

DEATHS IN BOSTON for the week ending Saturday noon, February 8th, 83. Males, 35—Females, 48.—Accident, 1—apoplexy, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 5—carbuncle, 1—consumption, 13—convulsions, 4—croup, 4—cyanosis, 3—debility, 1—diarrhœa, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—drowned, 1—dysentery, 1—erysipelas, 2—gastric fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—infantile diseases, 3—disease of the liver, 2—inflammation of the lungs, 7—marasmus, 2—measles, 2—old age, 1—paralysis, 2—puerperal disease, 2—rheumatism, 1—scrofula, 1—spina bifida, 1—whooping cough, 1—unknown, 2.

Under 5 years of age, 42—between 5 and 20 years, 7—between 20 and 40 years, 23—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 64—Ireland, 16—other places, 3.

THE

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## PITYRIASIS VERSICOLOR.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal, by James C. White, M.D.]

Case I.—In the summer of 1858, Mr. R., æt. 35, clerk in one of our first-class hotels, consulted me in regard to a cutaneous affection upon his person. It was first noticed, more than two years previously, as a small brownish patch upon the skin of the throat, just under the shirtband, from which it gradually spread to the chest, shoulders and upper part of the back. The disease did not uniformly affect the whole surface in the regions referred to, but formed discolorations of irregular outline, bounded by perfectly healthy skin. A few months before I saw him the disease had extended to the abdomen, thighs and penis. It had produced great itching from its first appearance, and as the area of the surface of skin affected increased in size, this symptom became almost intolerable, causing the patient intense suffering during the hot season of the year, and when warmly covered in bed. The aggravation of the affection in summer was strongly contrasted with its marked decrease during each winter since it had made its appearance. With the exception of a somewhat disordered nervous system, readily explained by the constant irritation of its cutaneous filaments, Mr. S. enjoyed good health. He had been under the care of several physicians in this city, and had also consulted an eminent professional gentleman in New York, all of whom had called his disease chloasma, and had prescribed accordingly the internal use of mercury in various forms, and other drugs directed to the liver. It is needless to say that the disease progressed, notwithstanding, up to the date above mentioned, when, becoming much aggravated by the heat of the season, it induced him to consult Dr. Bowditch, who sent him to me.

At this time, the skin of the chest, shoulders, abdomen, back, thighs and penis was mottled with irregularly shaped, confluent and isolated patches of a light brown tint, slightly raised above the general surface, and varying in size from a pin's head to that of an extended hand. Crossing these were long parallel lines of excoriations produced by the nails, just as in scabies and other diseases attended by great itching. The healthy portions of the skin between the patches and bordering upon the disease were of a darker color than those parts of the body never affected, the result of a slight deposition of pigment—a phenomenon always following prolonged or reiterated hyperæmia of the skin, whether artificially or naturally produced. The epidermis could be easily removed from above the elevated patches of the disease, and quite large quantities of the same were often ploughed up in furrows by the nails of the patient. The epidermal cells thus obtained appeared much lighter colored than the soil upon which they grew, and by microscopic examination were found to be filled with the spores and mycelium of the parasitic fungus called microsporon furfur, which is characteristic of this disease.

The patient was directed to take a warm bath at night, and while in it to rub the affected parts thoroughly with a piece of coarse flannel cloth smeared with "schmier seife," or German soap, with the formula of which you are familiar. This process was to be repeated every night, and in addition to it the soap was to be applied in the morning also, and to be washed off with cold water. This was followed at first by excessive desquamation from the surface of the diseased skin, and by marked diminution of the itching. At the end of a fortnight, all traces of the affection had disappeared, and the skin of the affected parts, saving a slightly darker tint, dependent upon previous hyperæmia already explained, was not to be distinguished from that covering other portions of the body. During the period of more than three years which have now elapsed, there has been no re-appearance of the disease.

Case II.—During the hot season of 1859, I was consulted by a German, a waiter in an eating house, 19 years old, on account of a disease of the skin, which had troubled him for more than a year. It had first shown itself about the neck, and had rapidly spread to the front of the chest, producing a brownish discoloration of the skin and itching intensely, especially when perspiring and during the night. He was a strong, stout fellow, and, except this torment, was in perfect health. He had never used any remedies, external or internal, and seldom if ever washed himself. According to his statement, his sister, a servant girl, living in Beacon Street, was affected in a similar manner, and had become so subsequently to the appearance of the disease upon himself. The itching in her case was said to be as severe as in his own, and the parts affected the same.

On inspection, the whole front surface of the chest was more or less covered with elevated patches of irregular shape and a light brown or yellow color, from the surface of which the epidermis could be very easily scratched up. These cells exhibited, when examined by the microscope, fine specimens of the microsporon furfur. The use of sapo viridis was advised, as in the case above narrated, and complete recovery followed. The sister, unfortunately, I was unable to see.

Case III.—December 11th, 1861, Mr. B. presented himself at the Dispensary in Eliot Street, for advice. He was a respectable carpenter, aged 44, and had been suffering from a troublesome cutaneous disease for more than ten years. Beginning about the neck, it had gradually increased in extent, and severity of itching, until nearly the whole surface of the abdomen, back, front chest and upper arms presented a dirty yellow appearance. The cuticle was thickened in these regions, and was often removed in large flakes by the use of the towel. The itching produced by the disease had for the last few years been intense, not unfrequently producing well-marked spasms. It was far more severe during the summer months, and was especially aggravated at night, and while perspiring at work. He had a wife and several children, but the disease had never been communicated to them. He had been under medical treatment a great portion of the time from the first appearance of the affection, but the remedies employed had been mostly internal, and had been of no avail in opposing its progress. There had been several periods, always in the winter season, when the disease had in great part disappeared, always to renew its vigor and torment, however, with the coming of spring.

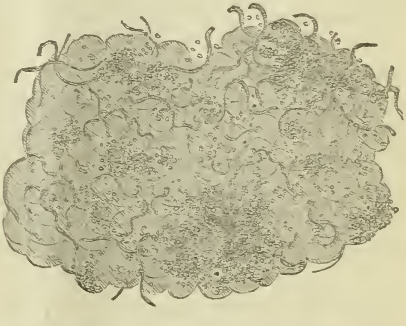
When first seen, the skin of the parts thus distinguished was spotted and blotched, as if stained by tobacco-juice. These marks, elevated above the general surface to a degree easily noticeable by touch, though scarcely so to the eye, were in some parts isolated and irregularly circular in form, in others, perhaps contiguous, composed of large blotches of indefinite outline, formed evidently by the extended growth and confluence of the smaller and distinct patches. The epidermal cells taken from these parts were literally crammed with the growth of the microsporon furfur, as may be now seen by the microscope. The patient was told to use the German soap in the manner above directed, and returned on the 19th of the same month, saying that the itching had almost entirely disappeared, and that he had not felt so well for years. He was advised to continue its application, but dispensary hours being those in which he is most busily engaged, I have not seen him since, although I have no doubt that the disease is completely cured by this time.

Other cases of this disease seen during the past four years might be given for illustration, but the above are sufficient for my present purpose, which is to show how entirely alike and well marked the symptoms are in all cases from beginning to end, and how easily we may be led into false views of disease by following the teachings of any one man. Two of these patients had suffered long, and swallowed many drugs, both needlessly, because of the ignorance of one who is generally regarded in this country as unquestionable authority in diseases of the skin. I allude to the views expressed by Wilson in regard to this and similar parasitic diseases. He does, to be sure, think the question of the cryptogamous nature of favus and herpes tonsurans a matter of sufficient importance to devote many pages to its consideration, and makes most absurd attempts at argument to satisfy himself and readers, that what looks like a plant, is pronounced by the ablest botanists to be a plant, and may be transplanted and made to grow as a plant, is in reality not a plant at all, but only transformed epidermal cells. In the disease we are at present considering, however, he alludes to its pretended parasitic nature simply to deny it, and to say that he has even failed to discover any evidence of the presence of the forms in question. He confounds the set of symptoms we have described with others under the head of chloasma (maculæ hepaticæ, or leberfleck), which is an entirely different disease, and has nothing whatever in common with pityriasis versicolor, except a faint resemblance in color. By thus mingling two distinct affections he commits a double wrong, for he not only deceives his reader as to the real nature of one set of symptoms he records, but he attaches to the other disease, chloasma, characteristics which by no means belong to it. The error into which he has fallen, and which is repeated by all English writers so far as I know, with the exception of T. McCall Anderson, a student of Prof. Hebra, can be most clearly explained by a comparative description of the more striking features of the two diseases.

Pityriasis versicolor is characterized by the formation of yellow or buff-colored spots upon the surface of the skin, which are slightly elevated, covered with fine scales, and produce great itching. They chiefly affect the front chest and shoulders, but may extend over nearly the whole body. They vary in size from minute points to confluent, irregularly outlined patches of sufficient extent to cover half the chest or abdomen. The disease is seldom if ever seen upon such portions of the skin as are unprotected by clothing, as a certain degree of warmth and perhaps darkness seems essential to its growth. It seldom occurs on women, and never on children, which can only be explained by the peculiar tendency of the fungus to prey solely upon the hardened and outer layers of epidermal cells, and to spare the deeper-seated and more tender growth. It is not, however, any more singular than thousands of other freaks peculiar to these forms of vegetative life, and familiar to all acquainted with cryptogamic botany. When once, however, it has established itself upon the skin, it seldom dies out entirely, but spreads more or less rapidly, uninfluenced by any changes going on within the organism of its host, and quite as indifferent to any attempt upon its existence directed through that channel.

Now chloasma has an entirely different anatomical seat. It is a name properly applied to patches of the skin, which are discolored by an abnormal deposition of pigment in the rete mucosum, and which are not elevated above the surrounding skin. The epidermis which covers them is firm, and can be no more easily scratched up than that elsewhere, nor is it continually falling off in minute patches as in pityriasis versicolor. The provocation, moreover, to remove it is not felt as in the latter disease, for pigment alone produces no itching. The patches of chloasma, again, are isolated, and do not spread peripherally or with the rapidity which marks the growth of the parasite. They are, besides, sometimes congenital, occur in childhood, and more frequently on woman than on man, on all of which points they differ entirely from the disease under consideration. Indeed, Wilson himself is obliged to separate the symptoms he describes under the head of chloasma into two groups, on account of their mutual diversity, and his acute variety applies clearly to cases of true pityriasis versicolor which have fallen under his notice, and the true nature of which he has failed to detect.

The appearances of pityriasis versicolor are so well marked, that when once seen they will always be easily recognized, as easily in fact as a simple, untreated case of scabies; but should any doubt arise as to the real nature of the disease in any particular instance, we have only to remove a little of the easily detached epidermis, and the microscope decides the matter at once. It is necessary, however, to add some solvent of epidermal tissue to the material in the field, or else we may derive as little information from our examination as those who say they have never found the slightest evidence of the presence of a fungus. Let us therefore add a drop of a solution of potash to the epidermal matter taken from Case III., and we see how little like pigment or "transformed epithelial growth" it looks. We see (Figure) lying between the upper layers of epidermal cells countless numbers of spores, and beneath these filaments of mycelium running in a net-work of endless intricacy. The spores are round, $0.006\text{-}7^{m}$ in diameter, possess a great refractive power, and seem to contain a kernel, looking much like a minute oil-globule. The filaments are cylindrical, of a pale yellow color, branching, and are divided occasionally into cells.* When the patches are situated about the hair follicles, we find the parasite running deeply down into this opening, but like all others avoiding the sebaceous and sweat canals. We see, moreover, that the color, so characteristic of the disease, is imparted by, and wholly belongs to the microsporon furfur.



*Ætiology.*—As we have seen by the cases quoted, pityriasis versicolor may affect any class of persons, whatever their occupation or habits of cleanliness, although, strange to say, it seems to spare the female sex almost entirely, resembling in this particular none of the other parasitic plants which thrive upon the various tissues of the human body. It might be suggested that sycosis is a similar instance of male predilection, but it will be remembered that the fungus which produces this disease is quite as often found in the female sex, on portions of the body affording an equivalent amount of nutriment in the form of herpes tonsurans, and that mentagra is but an extension of this latter affection to the more developed hair-follicles of the masculine beard. The origin of pityriasis versicolor is, at present, a matter of complete mystery. Whether it be a variety, merely, of some fungus by chance parasitic upon man, or whether the human epidermis be its proper and only soil, we do know that its presence is the cause of a well-defined affection of the human skin. It is of frequent occurrence in Europe, and is quite as often met with here, if I may judge from my own experience. The species, as observed here, is botanically the same as that infesting the European, and, like the animal parasites of man, was undoubtedly brought to this country, originally, from the Old World. It is certainly communicable from one person to another, as has been proved by direct experiment, and as the spread of the disease from one portion of the body to another by its uninterrupted, onward growth, and the constant transplanting of the spores in the furrows ploughed up in the healthy epidermis by the nails of the sufferer, while scratching, sufficiently prove. Still it is not, by any means, so easily communicated to new hosts as the trycophyton tonsurans, nor is it often possible to trace any particular case to its source. We do not know but that sources of fresh contagion are, even now, being generated about us, similar to those which caused its first communication to man. Like most other fungi, it seems to thrive best in summer, and to be stimulated to instantaneous action by artificial heat. The color it imparts to the skin, as already stated, is its own, as much as the yellow of the favus crust belongs to the achorion schoenleini. Its growth is entirely independent of, and unconnected with the condition of the health of the individual it infests, nor does it exert any injurious effect upon the same, save the itching it occasions and its consequent results.

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* The diameter of the mycelium has been relatively exaggerated by the engraver.

*Treatment.*—It is evident, therefore, that internal remedies exert the same influence upon the course of this disease as external applications would over the life of a tænia dwelling within the intestinal canal. It can only be cured by bringing in direct contact with the plant itself, such substances as are fatal to its vitality, and, to effect this, we must so remove the thickened epidermis as to allow such thorough penetration, that every spore or stray filament of mycelium may be reached. It is from neglect of this precaution that the use of blisters and strong washes of corrosive sublimate is only followed by temporary relief. The topmost branches, so to speak, have only been clipped, and the roots remain as firmly implanted as ever. In the use of the German soap, however, as employed in the cases above mentioned, we have a simple and sure remedy. It is a powerful solvent of the epidermal tissue, and thus exposes the fungus to the farther action of the potash, which destroys it in turn with ease, and thus by the friction simultaneously employed, the diseased and effete matter is mechanically and gradually removed. A few applications are sufficient to check the itching, which is dependent upon the activity of the plant, but its use should be continued so long as any of the yellowish tinge remains.

# PARALYSIS OF THE CILIARY MUSCLE AND CONSEQUENT LOSS OF THE ACCOMMODATING POWER OF THE EYE. RECOVERY.

[Read before the Boston Society for Medical Observation, December 16th, 1861, and communicated for the Boston Medical and Surgical Journal, by F. P. SPRAGUE, M.D.]

EVERY one is conscious of possessing the power of adapting the eye for different distances. Thus, an object may be seen equally well at a distance of several feet from the eye, or approached to within a few inches of it. This power, however, has its limits.. If the object be carried too far, or approached too near, in either case it becomes indistinct, and in either case the eye is conscious of an effort, which becomes fatiguing and disagreeable if persisted in. The greatest distance at which the object can be distinctly seen is called by the Germans the "far point," and the shortest distance the "near point." The distance between these two points is called the range of accommodation, and the power itself the accommodating power.

Owing to the small diameter of the pupil, rays of light coming from a distant point form so small an angle with the central ray, proceeding from this point, that they are nearly parallel with it, and are considered practically though not mathematically as parallel rays. Rays of light may be considered parallel coming from a point at a distance of more than five feet from the eye. Rays coming, however, from a point within this distance, form an appreciable angle with the central ray, and are called diverging. The normal eye is adapted for parallel rays, so that they are brought to a focus upon the retina without effort, but when the rays are diverging, a change in the eye is necessary, in order to refract them more powerfully; otherwise the focus, instead of being formed upon the retina, would fall behind it, and indistinct vision result. What this change consists in, and how it is effected, has long been a matter of speculation, and within a few years much research and learning has been devoted to it.

It has been supposed by many, and this theory has still some able advocates, that, when viewing near objects, the eyeball is elongated by the pressure of the external muscles; thus the retina is pushed back to meet, as it were, the focus, which in the unaltered shape of the eye would fall behind it. According to this view, the lens is not perceptibly affected in shape or position, the ciliary muscle opposing itself to the action of the external muscles anteriorly, and thus the alteration of shape is principally at the posterior part of the eyeball.

Helmholz, however, has demonstrated, by a series of ingenious experiments, that when near objects are viewed, the shape of the lens is affected, that it becomes much more arched anteriorly, and slightly more arched posteriorly, and consequently thicker. Being thus made thicker and more curved, it of course refracts the rays more powerfully, and brings them sooner to a focus. This change in the lens is produced by the contraction of the ciliary muscle. He also considers the iris as an auxiliary, though not an indispensable one. According to Helmholz, this change in the lens, if not the only one in the eye, is sufficient at all events to account for the amount of the accommodating power possessed, and the weight of authority is in favor of this opinion. In precisely what manner the contracting power of the ciliary muscle is brought to bear upon the lens, has not been fully demonstrated, being still a matter of discussion.

From these remarks, it follows that if the accommodating power be lost, the eye is in a condition to perceive objects only at a certain distance, all nearer objects being indistinct, and such was the condition in the following case.

The patient, a boy aged 10 years, of German parents, was brought to the Dispensary in Eliot Street, by his father, Dec. 12th, 1860, on account of imperfect vision, which had existed several weeks. History, as follows. About five weeks previously, had suffered from an attack of illness, which had confined him to the house for a fortnight. Neither the patient nor his father could tell what the illness was, except that it was connected with some trouble of the throat. Previous to this attack, there had been no trouble with the eyes. The boy was at school, pursuing his studies, and said his sight was perfectly good. During his confinement in the house, had no symptoms to draw attention to the eyes. On his recovery, however, he found, on returning to school, that the letters of his book appeared blurred and confused, so that it was impossible for him to read. He also said he could not tell with accuracy where to place his feet when walking. He was taken from school, and remained at home three weeks without treatment, and, on finding no improvement at the end of that time, applied for advice. There had been no blow received, or any injury in the vicinity of the eye. The patient was a stout-looking boy, and had no appearance of being scrofulous, or weakly; he described his general health as being good.

*Examination.*—On examination, the eyes appeared, externally, normal. The only thing to attract attention was the condition of the irides. They contracted and dilated with regularity, but somewhat sluggishly, the right iris being more sluggish than the left. An examination with the ophthalmoscope, in which I was assisted by Dr. B. J. Jeffries, revealed nothing to account for the trouble; could detect nothing abnormal in the fundus of the eye, nor any cloudiness of the media. On testing vision, found that patient could read larger sizes of print, such as used for newspaper headings, and corresponding to about No. 19 of Jäger's test type, when held at a distance, but could not distinguish print of smaller size. This inability to read the common-sized print persisted, whether the book was held at a distance from the eye, or gradually approached to it, though the tendency of the patient seemed to be to hold it as near as possible. Upon putting a No. 8 convex glass before the eye, vision was so far improved that quite fine print, corresponding to about Jäger's No. 6 or 7, could be easily read, the right eye, however, not quite so much benefited as the left.

The relief afforded by glasses pointed at once to the power of accommodation as being deficient, the cause being inability of the ciliary muscle to effect the necessary changes in the lens. This ennervation of the muscle was considered the result of the preceding illness, and treatment directed accordingly.

*Treatment.*—In the first place, rest of the organ was enjoined, and the use of glasses forbidden, as it was feared that by relieving the muscle from its customary duty, it might not regain its former power. The bowels were ascertained to be regular, and a pill of quinine and iron given daily. Blisters were applied behind the ears—general directions about the health. The urine was examined, but no traces of albumen or sugar detected. Dec. 16th, four days after, vision was about the same; blisters, not having drawn well, were repeated upon the temples. Dec. 21st, five days later, evident improvement—could read with convex No. 12, the same print for which he had required No. 8 the first day; said also could spell out a few words, of ordinary sized print, without glasses. Dec. 26th, vision much better, reads fine print (No. 6—7 Jäger) without glasses. With left eye, vision better without any glass than with; right eye, a very weak convex, No. 72, brings up to the standard of the left. (I will here state that I am aware the case loses much of its interest, from want of more precise indications as to the exact state of accommodation from time to time; not being provided, however, with the proper tests, at the time I saw this patient, I am unable to give more precise details.) Dec. 28th, eyes had been used in reading, but were found to be easily fatigued. Blisters again. Jan. 7th, patient can read half an hour without trouble. Jan. 14th, treatment discontinued, right eye still remaining slightly inferior to the left. Jan. 26th, can read an hour without trouble; on the 30th, was sent back to school, apparently quite recovered. I saw the patient again March 25th, about two months later, and he reported sight perfectly good, had been at school ever since. The slight difference, however, in the focal length of the two eyes, still continued; it is probable that this want of equality had always existed.

*Remarks on the Case.*—I think this affection must be of comparatively rare occurrence, as the books generally, with a passing allusion to its existence, give but little information respecting it. Mackenzie says he has seen, in children, an inability to distinguish near objects succeed an influenza, and to an inflammation of the tonsils, accompanied by fever. He obtained a cure by the use of leeches to the temples and small doses of calomel, followed by quinine.

Lawrence, in his work on the eye, gives a fuller description of it than I have found elsewhere. He does not mention having seen it himself, but quotes five cases from the practice of others of what he calls "sudden presbyopia occurring in the young subject." In all these cases there existed an inability to distinguish near objects, or read the common-sized print. In two instances, a blow had been received in the vicinity of the eye some days before. In one of them, the blow having been received upon the forehead, one eye only was affected, the pupil being larger and the motions of the iris more sluggish than in the sound eye. In the other three cases, no cause was assigned. The patients were attending school at the time. Recovery followed in all these cases. In one case, only a tonic was given; in the others, leeches, blisters, purgatives and alteratives, comprised the treatment.

The *Lancet* for May, 1861, contained a report of four cases of paralysis of the ciliary muscle, by George Lawson, Esq., F.R.C.S. Three of these cases occured in children, from 10 to 12 years of age, after illness. They were all treated by the use of quinine, iron, purgatives and cold sponging, and recovered perfectly. The remaining case was that of an officer from the Crimea, much debilitated by dysentery, whose sight began to fail one day while reading. In a week's time he could not distinguish ordinary sized print. He used convex glasses, and recovered in three weeks.

From the foregoing cases, it would seem that this affection may follow illness, blows in the vicinity of the eye, and, probably, from over application, though we should expect, in the latter case, the fatigue of the muscle to stop short of actual paralysis, and the trouble to come more appropriately under the head of æsthenopia, as described by Mackenzie. Perhaps the case of the officer, above mentioned, would be more accurately designated by that name. The recovery in all these cases suggests a favorable prognosis, and it is probable that the tendency, at least after illness, is towards recovery with repose of the eye, and returning vigor of the system. This view seems borne out by the uniformly successful result, notwithstanding the variety of treatment employed, yet I think we are justified in assuming that tonics, together with local stimuli, and perhaps purgatives, are serviceable in these cases. With regard to bleeding, I should consider its efficacy more doubtful, except, perhaps, where a blow or some injury had been received near the eye. Glasses, I think, should be forbidden, as our object is, not to provide a substitute for the action of the muscle, but to endeavor to stimulate it to resume its functions; they can be had recourse to later, if the affection persists. I must not omit, in closing, to mention an opposite condition of the eye, in which it is adapted for near objects only, the power of seeing objects at a distance being suddenly lost. This has also received the name of paralysis, but Graefe gives this condition the term of cramp of the ciliary muscle, considering it in a state of spasmodic contraction, and gives two cases coming under his observation.* Case 1st, occurring in a child, was immediately relieved by bleeding locally. The bleeding was repeated three or four times, before the accommodation was fully restored. Case 2d, being that of a girl of eighteen, which lasted a much longer time, was treated with belladonna, aud much improved. Graefe compares the action of the belladonna, in relaxing the spasm, to that of opium in lead colic, and thus explains the apparent inconsistency of employing a drug which ordinarily paralyzes accommodation, in order to restore it.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Jan. 10th. *New Formation in the Interior of various Bones, without Disease of any of the internal Organs* —Dr. Ellis showed the specimen.

The patient was a grocer, 40 years of age. In July last, he consulted Dr. Thaxter, of South Boston, on account of dyspnœa and great pain in every part of the chest, but particularly through the nipples, and in the left side. A thorough examination revealed no pulmonary disease, and after the administration of iodide of potassium for a few days, the pain nearly disappeared, and the patient was able to attend to his business. Four months before his death, after jumping from the horse-cars, he was again attacked with severe pain. Dr. Thaxter saw him in the evening, when he was groaning at every inspiration, and could not be moved. He slept after the administration of a Dover's powder, but suffered considerably for several days, and was able to leave the house but once or twice afterwards. He also complained of pain in the hips, lumbar region and knees. Though at times able to go down stairs, the pain would again return with such severity as to render all motion very difficult. He was seen in consultation by Drs. John Homans and G. H. Gay, neither of whom could detect any disease of the lungs. Appetite good. Bowels costive. No material change was noticed, except gradual emaciation, until a week before his death, when he began to cough, and complain more of soreness across the upper part of his chest. When seen by Dr. Thaxter, two days after, there was some flushing of the face, dyspnœa, a pulse of 120, cough, and pain referred particularly to the right hypochondrium. The results of percussion, the rusty sputa, &c., afterwards showed the existence of pneumonia, which terminated in death a week after the commencement of the attack.

Autopsy, 30 hours after death. Head not examined.

On moving the chest. a remarkable degree of flaccidity was noticed, the parietes having apparently lost their usual power of resistance.

After removing the sternum, the ribs were found so soft as to bend by their own weight, the osseous matter having at some points mostly or entirely disappeared, and been replaced by a soft reddish growth, which, forming in the interior, gradually approached the surface, reducing the bone to a mere shell, or entirely destroying it. The surface was quite irregular, as if elevated by the encroaching growths beneath.

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* Archives fur Ophthalmologie, vol. ii., 1856.

The sternum, the whole length of the spine and the right ilium were similarly affected. In the upper part of the dorsal region, there was a backward curvature, and a corresponding anterior projection of the sternum. The bones were so seriously affected in the interior, and rendered so soft, that the knife entered them with ease, particularly after penetrating the firm external shell.

On microscopic examination of portions of the morbid material from various parts, the same appearances were noticed in all; viz., a delicate fibrous structure, almost obscured by granular corpuscles of about the size of the nuclei of the renal epithelium, which they resembled very closely. The addition of acetic acid revealed nothing more. Nearly the whole of the upper lobe of the right lung was in a state of gray hepatization. This was probably the immediate cause of death, as all the other organs were healthy. The upper part of the right tibia was found healthy, but a thorough examination of the osseous system was impossible, the autopsy being made in a private house.

The case is certainly very interesting and peculiar. Although affecting the bones symmetrically like osteo-malacia, or rickets, it resembled neither, but was characterized by the formation of a new growth, within the interior of the bones, which were gradually encroached upon until partially or totally destroyed. It is certainly singular that, if regarded as malignant, in the ordinary acceptation of the term, it should have been confined to the bones alone, while affecting them so extensively; for it is unquestionably true, as Lebert states, that "although this affection may attack all the bones of the skeleton when it is secondary, it has limits more circumscribed when primitive."

Dr. Ellis had met with but one case which resembles it, reported in Virchow's Archiv. für Pathologische Anatomie, vol. xvi., p. 407. On examining the body of a man 48 years old, there was found a soft, reddish material, within the left clavicle, in several ribs, the left femur, various parts of the skull and the sternum. At a number of points the bone had been destroyed, leaving openings of considerable size, while, elsewhere, the discoloration of the bone showed the approach of the disease from the interior. The bones were thus rendered extremely brittle. The circumstances attending the examination of this case, also, were such as to prevent a thorough investigation of all parts, but no disease of a similar character was found in any of the internal organs. On microscopic examination there were found, in addition to the usual elements of the medulla, "nuclei and cells of various forms, with one or more small or large nuclei, the majority of them more or less granular." The description of the latter and the figures resemble those seen in the present case, and there was the same remarkable absence of any disposition to seize upon other parts, although the bones were perforated. The writer considers the growth cancerous, and Dr. E. was ready to accept this conclusion, as it is impossible to draw the line absolutely between the malignant and non-malignant formations; but the disease was limited to a single tissue, as much as rickets, osteo-malacia, or any other widely-diffused disease of the bone, and differed from them only in this;—that a new material was developed from the medulla, resembling nothing seen in health, and implying something more than deficiency or excess of the normal elements.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 20, 1862.

THE sad news that reached us a few days since of the sudden decease of Dr. LUTHER V. BELL, so long and so well known as the late superintendent of the McLean Asylum, will be learned with profound sorrow and regret. His death occurred near Budd's Ferry, Md., where he had been stationed for some time past as Medical Director of Hooker's Division, and was doubtless the immediate result of the exposure incident to camp life. We learn from Dr. Foye, his attending physician, that Dr. Bell was seized during the first week of February with an attack of a rheumatic character, which, although painful, was not at first considered alarming; but so rapid appears to have been the progress of the disease, particularly towards its close, that it became evident he could not long survive. The disease was acute pericarditis, a complaint to which he was probably somewhat predisposed, as he had already had more than one attack of a pleuritic nature, and had for some years shown unmistakable signs of chronic pulmonary disease.

The death of such a man as Dr. Bell is an event of no ordinary moment, whether we regard the loss to his already bereaved family, to the profession he adorned, or to those who enjoyed the pleasure of his personal friendship. He was born in Francestown, N. H., Dec. 20, 1806. He was the son of the late Governor Bell, and inherited a name distinguished in the political and judicial history of that State. He graduated with high honor at Bowdoin College, in the class of 1823, and having received his medical degree, commenced the practice of medicine in New York. He shortly after returned to his native State, and settled in Derry, where he soon attained a high rank in the profession. He also became an active member of the New Hampshire Legislature, and, while there, displayed much zeal and ability in advocating the establishment of a State lunatic asylum. It was probably from the interest here exhibited, and the able manner in which he labored in behalf of this humane object, that he was elected to fill the vacancy created by the death of Dr. Lee, the Superintendent of the McLean Asylum. It was in 1836 that he entered upon his new duties, and here he passed the remainder of his more active professional life, if we except the few months in which he has been engaged in army service. For twenty years he labored unceasingly in promoting the interests and well being of the unfortunate class of patients entrusted to his care, and not until warned by symptoms of declining health did he resign his connection with the institution which had been so long associated with his name, to seek the quiet of more private life; living in comparative retirement, he always held himself in readiness, however, until he volunteered his services in the present war, to give his aid and counsel in all matters connected with the special department to which he had devoted himself.

At the breaking out of the war, he was among the first to offer his services to his country, and the same energy that he had so untiringly and successfully shown in other fields, he now devoted to the performance of the new and arduous duties that devolved upon him. He was first appointed Surgeon to the Eleventh Regiment, and all will remember his noble and generous conduct at the disastrous affray at Bull Run; and the touching incident that is related of him while on his way to Washington during the retreat, beautifully illustrates perhaps the most striking trait of his character. He was soon afterwards appointed Brigade Surgeon, and was subsequently promoted to the staff of Gen. Hooker, whose Division has been for some time stationed on the Lower Potomac. It was here, amid the privations and discomforts of the camp, that his last sickness overtook him. During his illness, his assistant and friend, Dr. Foye, was in constant attendance upon him, and rendered such aid as the case seemed to demand, but all proved unavailing, and he sank on Tuesday evening, February 11th, at 9½ o'clock, retaining his consciousness to the last, and perfectly resigned to the fate that awaited him. Such is a brief sketch of the life of Dr. Bell, a name which will long be remembered, not only in the community in which he lived, but by the country in whose service he laid down his life.

With regard to the labors of Dr. Bell in the special field to which he had devoted the principal portion of his life, we need hardly allude. The record of these will be faithfully made up by one already appointed by the Massachusetts Historical Society, of which he was a distinguished member. It will be sufficient for us to point to the noble Institutions, of which Massachusetts may well be proud, as enduring monuments of his genius and energy.

But it was not in this department of medical science that his name was alone associated. He was more or less at home in nearly every branch of science, and although never a voluminous writer, his contributions to medical literature evince the wide range of his thought and reading. In 1836, he received the Boylston prize for his Essay on the diet best adapted to the laborer of N. England, which was published in this Journal; and his subsequent contributions to our pages, at various times, bear the impress of his careful and vigorous mind.

Besides attaining the highest professional honor by his election to the Presidency of the Massachusetts Medical Society, Dr. Bell had held offices of trust and honor in the State, and was at different times a candidate for high political preferment. He was a member of the State Convention, in 1852, for the revision of the Constitution, and was subsequently a candidate for the office of governor of the Commonwealth, and for representative to Congress.

We will only add, that in the new and untried service in which he was engaged at the time of his death, he displayed the same high qualities that had marked his course through life. The range of his knowledge, the versatility of his genius, his almost unerring judgment and his always urbane and courteous manner, could not fail to render him an invaluable officer and a kind and trusty friend.

The tribute to his memory offered by his professional brother and friend, Dr. Hitchcock, of Fitchburg, at a meeting of the Executive Council of which Dr. Bell was formerly a member, is so eloquent and so just, that we shall be pardoned for introducing it as a fitting close to our brief and imperfect notice.

"The sad intelligence of the death of Brigade Surgeon Luther V. Bell seems to me to be peculiarly impressive, and worthy of special notice by the members of this department of the State government. In addition to the fact that he formerly occupied a seat at this Board, he but a few months ago went forth on public service, clothed with a commission from the Executive of this Commonwealth, as Regimental Surgeon. His eminence as a citizen, his fame as a scholar, and his public renown as a medical philosopher, attest both the wisdom of his appointment and the patriotism of his acceptance. He was indeed eminent as a citizen; and it was an eminence which alone belongs to pure and noble and honorable character. His fame as a medical scholar was not limited to this country alone; throughout the world, wherever Christian civilization attempts to relieve the insane, the writings and labors of Dr. Bell have a recognized and beneficent influence.

"In the departments of Hygiene and Sanitary science, his wisdom was acknowledged and his authority unquestioned. In the literature and jurisprudence of insanity he was without a rival; and his opinions on questions of lunacy were usually accepted as final by populace, juries and judges. With the modesty and dignity characteristic of true greatness he received the highest honors in the gift of his professional brethren. In the literary or social circle he was affluent, instructive and charming; and yet he never failed to command respect and win affection. As a politician he was well versed in constitutional law; and as a partisan his candor and magnanimity were proverbial, and were usually confessed by his opponents. His reverence for law and love of country were radical and abiding principles in his nature. When the red hand of treason was raised against the government, he forgot his long-continued physical infirmity, and girded on his armor and gave himself for its defence. In charge of the health of the 11th Regiment, Massachusetts Volunteers, he went forth from the State and enrolled himself for the war in the loyal army of the Republic. His ability and fidelity soon led to his promotion as Brigade Surgeon to General Hooker's division on the lower Potomac.

"He fell honorably in the service of his country;—not amid the shock of battle—but, as the Christian hero would wish to die, resting on his armor peacefully in his tent. The profession to which he belonged, the Commonwealth he represented, the national army he served, will deeply feel his loss. His name and character will be held in sweet and sacred remembrance. Though dead, his example and fidelity to duty, and loyalty to country, will long live as an incentive to survivors to higher and nobler purposes of life."

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DEATH OF LUTHER V. BELL. *Special Meeting of the Suffolk District Medical Society.*—The members of the Society assembled at their hall in Temple Place, on Friday morning at 11 o'clock. The President, Dr. J. B. S. Jackson, announced the sad object of the meeting, which was to consider what action the Society would take upon the intelligence just received of the death of Dr. Bell, Brigade Surgeon, on the Lower Potomac.

Dr. Bowditch offered the following resolutions:—

*Resolved,* That the Suffolk District Medical Society has learned with mingled emotions of the death of Dr. Luther V. Bell, recently President of the Massachusetts Medical Society.

*Resolved*, That while we feel sorrow at the great loss which the community and the profession have sustained in the death of so good and so wise a man, we experience a just pride in the fact that as one of our profession, having enlisted at the earliest moment of this sacred war, he died at his post of honor, thus crowning a life of almost unexampled professional success and reputation with the sweet fame that always clusters around the memory of the dying patriot.

*Resolved*, That we tender our most cordial sympathy to his now orphaned children, and in token thereof it be voted that these resolutions, signed by the President and Secretary, be forwarded to them.

*Mr. President*,—In offering the resolutions that I now hold in my hand, I feel, as I have always felt on similar occasions, that I presented them more for our own good than for the purpose of honoring the noble dead. We really elevate ourselves to a certain dignity of soul when we cordially pay due honors to the memory of such a man as Dr. Bell.

He was born in New Hampshire, of an excellent family, and his father, and certainly some of his brothers, have taken high positions in political life. Many years since, Dr. Bell was elected physician to the Insane Asylum at Somerville. I think I may say that during his whole career that institution always took the highest rank, and he was regarded by the profession here and elsewhere as one of the *elite* of those few who have devoted their best powers to that unfortunate class of our citizens, for whose comforts and medical treatment it was his duty to provide. His reports from that institution were always sought after as containing sagacious views on all subjects pertaining to the treatment of the insane.

In person, tall and striking; in manners, quiet, courteous, but firm; full of a serene dignity, he immediately attracted the close attention of all having any intercourse with him. Those who knew him intimately will long remember his fearlessness in the defence of what he believed the truth. His associates of the Massachusetts Medical Society will not soon forget his calm and measured words of wisdom at their meetings. He never spoke save for the purpose of aiding their deliberations, and consequently, rarely, if ever, uttered a word for mere effect. For my own part, Mr. President, I have never met a man who so entirely commanded my respect, even when I was vehemently opposed to his views on the topic under debate. He literally *commanded* my admiration, because I always felt that he was single-hearted and pure, and, to the last degree, true to what he believed his duty, while at the same time he showed the highest intellectual ability and a most clear judgment.

Having retired from the care of the Asylum a few years since, he appropriately took up his abode near the very foot of the obelisk on Bunker Hill. He there mingled somewhat in politics, and was nominated one or more times for Congress. He also attended to consultations in cases which naturally fell under his notice. From that spot, leaving, as he touchingly described to me in a letter, written from the camp of the Potomac, his "three motherless girls," he offered his services to his country almost immediately after the first breaking out of the war. He was appointed Surgeon of the Massachusetts 11th regiment, but from that station he was soon promoted to that of Brigade Surgeon, and attached to Gen. Hooker's division. Here, too, his reputation continued, and a striking illustration of the love and respect in which he was held was given in the earnest request to the Government to allow him to remain, when the authorities had determined to send him to more important duties in Missouri. With this division our friend remained until his death, which occurred four days since. He was cut down by acute thoracic disease, and died under the folds of his country's flag.

Dr. Charles T. Jackson rose to second the resolutions offered by Dr. Bowditch, and spoke as follows:—

I fully concur in the just tribute we should pay to the worth of our deceased friend and brother.

Having known the late Dr. Luther V. Bell intimately, and having for many years enjoyed his personal friendship and confidence, I may be allowed, perhaps, to say a few words concerning him.

Dr. Bell was an eminent man, not only as a physician, but also as a man of science. He was not only a good anatomist and a skilful surgeon, but was also a man of great inventive genius, especially in the mechanical arts. To him we owe the original invention of the atmospheric despatch-bearer, or telegraph, an instrument patented by others, years after Dr. Bell had given it to the public, and which is now in extensive use in England, and especially in the city of London.

He was the first who pointed out the method, since adopted, for spinning flax, an invention of great value, and now in extensive use throughout the world. He made many improvements in architecture, and in ventilation and warming of hospitals and public buildings, and not a few destined for surgical purposes.

He was a man of commanding genius, possessing a vast amount of knowledge of various arts, and yet, withal, so modest, as to throw forth his matured ideas as if they were mere suggestions for others to consider.

Dr. Bell's character, as a good and kind-hearted man, is too well known to the medical profession and the public in this vicinity, to require any mention from me. His eminence as a physician for the insane, need not be urged, for all here know it full well.

His mechanical skill always indicated to him that he would be successful as an operative surgeon, but his quick sympathy for the pains, suffered under the surgeon's knife, prevented his engaging in that department of medical art, and would have continued to do so, had not the discovery of anæsthetics enabled him to perform surgical operations upon his fellow men, while they were insensible to pain. Soon after the publication of that discovery, he expressed a desire to enter upon the duties of a surgeon, but probably would not have done so, had not the call of his country sounded in his ears that his services were needed in the field of battle. Then he was one of the first to hasten to the field; one of the first to follow our army into the enemy's country, and there, after the repulse of our troops, with self-sacrifice worthy of the highest honors, he dismounted and placed on his own horse a wounded officer, whom he found bleeding by the roadside, in the terrible retreat from Bull Run, and hurried him on to a place of safety, while he walked back to Washington, amid the rushing throngs of panic-stricken troops.

Dr. Bell was soon appointed Brigade Surgeon, and continued to perform the important duties of that office until he was suddenly called to another world.

We grieve at the departure of this eminent surgeon, who fell in the field of duty We deplore the loss our army and country have sustained, by the death of an able surgical officer and devoted patriot.

We condole with his orphan children and his friends, in the loss of the best of fathers and the most faithful of friends. We lament that this Society and the medical profession are deprived of one of their brightest ornaments and ablest Councillors, by the death of this truly great and good man.

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OILED PAPER, AS AN ECONOMICAL SUBSTITUTE FOR OILED SILK IN SURGICAL DRESSINGS. *Messrs. Editors,*—During a visit to England and Scotland, in the summer of 1860, I noticed in the Glasgow Royal Infirmary that they used an *oiled paper* as a substitute for oiled silk, in surgical dressings. The article was invented by Dr. McGhie, the Superintendent of the Infirmary, and possesses many advantages besides that of being economical.

The following is the mode of preparation:—Take good "tissue" paper, free from holes, as many sheets as may be required; boiled linseed oil, say one quart; to which add one ounce sulphate of zinc, and re-boil for an hour or longer. A little beeswax and turpentine may be added, while the oil is hot. Use a square board, larger than the sheet of paper. Coat the first sheet on *both* sides with a broad paint- or paste-brush; the rest of the sheets only require to be coated on one side, as the oil strikes through. Place the second sheet on the top of the first, slightly projecting at one end, for convenience of lifting, and so on, *seriatim.* When all the sheets are coated, hang them up to dry in a moderately warm place, for twenty-four hours. When taken down, each sheet may be dusted over with French chalk, which will prevent them from adhering. If sufficient wax and turpentine have been used in the mixture, the chalk dusting will not be needed.

Dr. McGhie, in his pamphlet, claims the following advantages for oiled paper as compared with silk:—

1. *Economy.*—A sheet costs from one to two cents only.

2. *Transparency and lightness.*—Applied over a stump or other cut surface, when hæmorrhage may be feared, the state of the part can be more readily seen. On account of its lightness, it is particularly useful in covering extensive burns.

3. *Adaptability.*—It can be nicely applied to any part, retaining the form impressed upon it. It is easily torn, while, at the same time, it can be made of any required strength by doubling or trebling it.

4. *Safety.*—The great objection to oiled silk (or even to gutta percha sheeting), is, that the expense tempts us to use it over and over again; and in this way disease is propagated. There would exist no such temptation with oiled paper, as it could only be used *once,* and all risk of contagion in this way would be avoided. W. S. B.

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NEW YORK STATE MEDICAL SOCIETY.—On the second and third days of the late session of this Society, several important matters were brought before the meetings. That relating to the appointment of homœopathic surgeons in the army was referred to a committee consisting of Drs. Coates, Townsend and Squibb, who subsequently reported that all unnecessary action that might be construed into persecution should be avoided, and their belief that the government was not disposed to introduce any forms of charlatanry into the army. Dr. S. D. Willard presented a paper containing a list of the Surgeons and Assistant Surgeons of the volunteer army of New York, with their ages, when and where graduated, what service seen, when appointed, and where promoted. Dr. Edmund Arnold, of Yonkers, read one on the medical provision for railroads—which subject, it was stated, was now before the legislature as a distinct feature in a general railroad measure. The Metropolitan Health Bill, also before the Legislature, was approved of, and a committee was appointed to draft a sanitary code for the whole State. A specimen of cirrhosis of the liver was presented—the patient vomiting before death large quantities of blood. The President's Annual Address—on the Dignity of the Profession—was delivered on Wednesday evening, and on Thursday the officers of the Society were chosen, as follows:—*President*, Thomas Hun, of Albany; *Vice President*, D. P. Bissell, of Utica; *Secretary*, S. D. Willard, of Albany; *Treasurer*, J. V. Quackenbush, of Albany; *Committee on Publications*, Thomas Hun, S. D. Willard, and Howard Townsend; *Censors, Southern District*, W. Govan, Joel Foster, and E. Harris—*Eastern District*, B. P. Staats, J. W. Blatchford, and P. McNaughton—*Middle District*, J. S. Sprague, C. B. Coventry, and A. P. Doolittle—*Western District*, Alexander Thompson, H. W. Dean, and E. Hall. A resolution was passed that hereafter the annual meetings of the Society be opened with prayer by some clergyman invited to act as chaplain.

New Jersey State Medical Society.—The Annual meeting was held in New Brunswick on the 28th and 29th of January—being the *ninety-sixth* anniversary of the Society. It was more numerously attended, as stated in the *American Medical Times*, than any similar meeting for many years previous. Delegates were appointed to the American Medical Association and to the Quarantine and Sanitary Convention—also corresponding delegates to the State Societies of New York, Pennsylvania, Connecticut and Massachusetts.

The Wisconsin State Hospital for the Insane.—This institution was opened in July, 1860. It is situated in Madison, Dane Co., and is under the care of Dr. J. P. Clement as Medical Superintendent, and Dr. John W. Sawyer as Assistant Physician. From Dr. Clement's second Annual Report, we learn that since the opening of the hospital there have been admitted 145 patients—72 males and 73 females. Discharged, 42—21 males and 21 females. There now remain 103—51 males and 52 females. Of those discharged, 16 were recovered, 7 improved, 8 unimproved, and 11 died. The total amount of current expenses for the past year was $20,640.76. The Trustees call for an appropriation of over $40,000 for the present year—of which $3,500 will be needed to replace the boilers now in the new hospital, which have proved unsuitable for the place, and a source of great annoyance. It is stated that to run the machinery with these boilers there will be required, when another wing of the building, now being erected, is completed, 1000 cords of wood per annum. When this building is finished, which will be during the coming summer, the hospital will accommodate more than 200 patients.

Hospitals in and around Washington.—A letter in the Boston *Daily Journal* dated Feb. 7th, from a correspondent who has evidently had facilities for ascertaining the facts in the case, gives the following as the number of patients in the different hospitals connected with the Army of the Potomac:—Union Hotel Hospital, Georgetown—157 patients; Seminary Hospital, Georgetown—127; Columbian College Hospital, Washington—154; Hospital at Circle, Washington—93; E Street Branch Hospital, Washington—9; Eruptive Hospital, "Kalorama," Washington—76; Indiana Hospital, "Patent Office," Washington—86; General Hospital, Alexandria—514; St. Elizabeth Hospital, Eastern Branch, 110.

Mr. Ellis lately exhibited to the Obstetrical Society of London an instrument for cauterization, by electric heat, in the treatment more particularly of certain diseases of women. It consisted of a simple and cheap battery, of one cell, little larger than a glass tumbler, but of great activity, which latter quality is due mainly to the size and form of its platina roll. The cauterization is effected by the wire being applied at a white heat, which causes less pain than one heated only to redness. Dr. J. Marion Sims, of New York, was present at the meeting. He expressed his gratification at the success of the instrument, and said he should take a specimen home with him.

HEALTH DEPARTMENT (INTERNAL), BOSTON.—The following consulting physicians have been chosen by our City Government:—Drs. George Hayward, John Jeffries, Augustus A. Gould, Winslow Lewis, Charles E. Buckingham.

THE LATE SIR JOHN FORBES left, by will, the sum of £100 each, as a legacy, to the Medical Benevolent Fund and the Royal Medical Benevolent College.—Mr. Hutchinson, at a late meeting of the Pathological Society of London, alluded to a deformity sometimes found in the upper incisor teeth—being notched, wide apart—which he believed was always owing to syphilis, causing inflammation of the dental pulps in an early stage of development.—Dr. C. A. Hartmann, of Cleveland, Ohio, states that as far as his experience goes, hot weather destroys the effect of vaccine virus, rendering vaccination useless during the months of July and August.—The thesis of Valentine Mott Francis, of New York, for the degree of Doctor of Medicine in the University of that city, is on hospital hygiene, and is spoken of as one of uncommon merit.—Prof. G. S. Bedford's work on the Diseases of Women has been translated into the French language, and a translation of it into German is now in progress.—Prof. Gross's System of Surgery is in process of translation into the Dutch language.—Dr. O. H. Smith, of King's Co., N. Y., uses the tincture of ergot as a remedy in delirium tremens.—Assistant Surgeon George D. Slocum, U. S. N., is ordered to the steam sloop San Jacinto, now lying at the Boston station. Dr. L. Mitchell, Acting Assistant Surgeon, has been ordered to the gun-boat Forbes, just commissioned at Brooklyn, N. Y.—At the late commencement of Rush Medical College, Chicago, thirty-six gentlemen received the degree of M.D. The valedictory address was delivered by Prof. J. W. Freer.—*The Ohio Medical and Surgical Journal* will in future be edited by the Faculty of Starling Medical College. The business department has been assigned to Prof. T. G. Wormley, who is now the publisher, and to him all business communications must be addressed.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, FEBRUARY 15th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 39 | 32 | 71 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 35.8 | 37 8 | 73 6 |
| Average corrected to increased population, | .. | .. | 82.17 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 11 | 0 | 4 | 3 | 5 | 0 | 0 | 1 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College —For the week ending Feb 8th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30 072 | Highest point of Thermometer, | 37 0 |
| Highest point of Barometer, | 30.376 | Lowest point of Thermometer, | 8 0 |
| Lowest point of Barometer, | 29.612 | General direction of Wind, | W N.W. |
| Mean Temperature, | 22.4 | Am't of Rain (inches), including melted snow, | 0.91 |

TO CORRESPONDENTS.—The length of the obituary notices of the late Dr. Bell have crowded out several papers intended for this week's issue. One on the different forms of Quackery in Medicine has come to hand, and is placed on file for insertion.

PAMPHLETS RECEIVED.—A Report to the Secretary of War of the Operations of the Sanitary Commission, and upon the Sanitary Condition of the Volunteer Army, its Medical Staff, Hospitals, and Hospital Supplies.—Ranking's Half Yearly Abstract of the Medical Sciences, No. 34.

MARRIED,—January 16th, Frank D. Beer, M.D., to Miss Louisa P. Wright, of Prince Edward Island.

DEATHS IN BOSTON for the week ending Saturday noon, February 15th, 71. Males, 39—Females, 32.—Accident, 1—anæmia, 1—apoplexy, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 2—burns, 2—consumption, 11—convulsions, 1—croup, 4—diabetes, 1—dropsy, 1—dropsy of the brain, 4—epilepsy, 1—scarlet fever, 3—typhoid fever, 1—disease of the heart, 1—infantile diseases, 5—disease of the liver, 1—inflammation of the lungs, 5—marasmus, 4—measles, 3—old age, 4—purpura hæmorrhagica, 1—scalded, 1—scrofula, 1—sore throat, 2—suffocation, 1—ulcers, 1—unknown, 4.

Under 5 years of age, 36—between 5 and 20 years, 2—between 20 and 40 years, 10—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 53—Ireland, 14—other places, 4.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# POTT'S DISEASE OF THE SPINE.

[Communicated for the Boston Medical and Surgical Journal.]

By Charles H. Spring, M.D., Boston.

Caries of the vertebræ has always been regarded as a disease of a serious nature, and it is one for the cure of which many remedies, both medicinal and mechanical, have been proposed since its nature was first described by Mr. Pott, whose name has since been associated with it. Pott's disease being the name by which it is known, angular curvature has been its synonym, as descriptive of the deformity resulting from it. It is unnecessary to describe the pathology of the disease, as it is already well known, and less diversity of opinion exists concerning it than relative to the best method of treatment.

It has generally been regarded as unfavorable to attempt to lessen the curvature resulting from it, and any such attempt is supposed to retard, if not prevent, the recovery. Mr. Liston, Sir Charles Bell, and Dr. Valentine Mott, in alluding to Pott's disease of the spine, object to any attempt being made to reduce the existing curvature; giving as the reason that such a course tends to separate the bodies of the vertebræ, and prevents the process of ossification which is necessary to repair the loss of substance. They place main reliance upon setons, issues and constitutional treatment, together with the recumbent posture, and, in some cases, mechanical support.

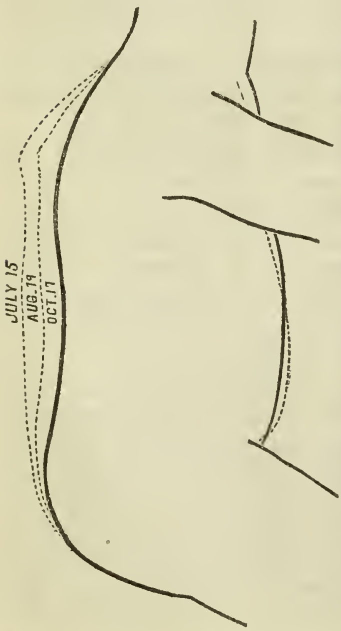
It is usually maintained that a cure of this form of disease must necessarily result in a curvature of greater or less degree, according to the duration and extent of the disease; and my object is to show —by a report of cases which have been under my charge—that Pott's disease of the spine is susceptible of a cure without curvature, when taken in the earlier stages, and that even a considerable degree of curvature may be reduced, in the more advanced stage; and also that the reduction of the existing curvature does not prevent the process of ossification, or retard the recovery.

Case I.—Clara B——, of this city, aged 9 years, was placed under my care for treatment of Pott's disease of the spine, September 20th, 1861. Two months previous, she began to lose the use of her limbs; this increased until she was unable to walk, or even stand, without being held by an attendant. This was at first regarded as paralysis, and treated as such; but subsequently attention was directed to the spine, when tenderness was discovered in the dorsal region, at the ninth and tenth dorsal vertebræ. When I first saw the patient, her general health appeared to be good, and the sensation in the limbs was perfect; but there was an almost entire loss of motion. On making percussion over the 9th dorsal vertebra, considerable pain was experienced, apparently in the abdominal muscles. Mechanical support was applied in such a manner as to support the weight of the upper extremities, and relieve the pressure upon the diseased vertebræ. This was re-adjusted from time to time as became necessary, and syrup. ferri iodidi, xx. gtts. ter die, was given, with manifest improvement. The use of the limbs has been entirely regained, and the patient walks with ease to my office, which is a mile distant from her home, and is able to walk up and down stairs without assistance.

In this case there has been no perceptible curvature, as the paralysis began so soon after the disease commenced in the vertebræ, that all curvature was prevented by the application of mechanical support.

Case II.—A son of Mr. Lucius Dennison, of Chelsea, aged 3 years, was placed under my care for treatment of Pott's disease of the spine, July 15th, 1861. The disease commenced six months previous, in the fifth dorsal vertebra, and soon involved the sixth. When I first saw the patient there was a considerable degree of curvature—as may be seen by the outer dotted line in the engraving (Fig. I.)—and it was increasing rapidly; the head was thrown back upon the dorsal region, as is usually the case where much curvature exists. There was considerable dyspnœa, and the patient was easily fatigued by slight exertion; but little pain was experienced, though a slight jar would produce it; there was a general condition of ill health, and the patient had been failing somewhat rapidly. The head was large, the hair light, the abdomen enlarged, and there were other indications of a scrofulous condition of the system.

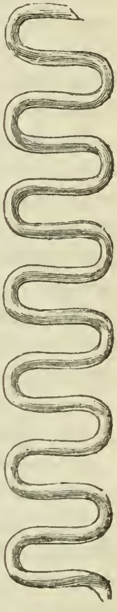
Fig. I.



The treatment in this case consisted principally of mechanical support, so applied as to relieve the weight resting upon the diseased vertebræ, and to gradually restore the spine to its original position and reduce the existing curvature. The outline of the back, as taken at three different times, is shown in Figure I., together with the dates; the outline only is given, as that is all that is essential to show the progress of the reduction. The pressure upon the projecting vertebræ was gradually increased, and so arranged as to be constant, in order to retain whatever improvement had been made.

In these cases I have made use of an apparatus constructed after the manner of ordinary corsets, with springs of tempered brass wire, bent in the manner shown in Fig. II. The advantage of such a spring is that greater mobility is thus given than by any other means, and yet it affords all the support and pressure that may be needed. It is so arranged as not to interfere with the action of the chest in respiration, or press unduly upon the abdomen; two points extremely desirable to be attained in any apparatus for spinal curvature. The patients were allowed to walk about as they felt inclined, no restraint being needed, the support remedying the weakness of the spinal column. It is the apparatus used by Dr. J. A. Wood —formerly of this city—and described by him in the *New York Journal of Medicine* a few years since.

Fig. II.



In most of the cases of Pott's disease of the spine that I have met with, the paralysis consists of a loss of motion, while there is but little or no loss of sensation, except in extreme cases. The reason for this, assigned by Sir Charles Bell, seems to be the most rational; it is, that the inflammation, except in severe cases, is mostly confined to the bodies of the vertebræ, and would be most likely to affect the anterior branches of the spinal nerves, which are the nerves of motion. Mr. Liston thinks it is caused by the curvature being with the convexity posteriorly, which produces pressure upon the anterior branches of the spinal nerves; but in Case I. there was no curvature, and yet there was almost entire loss of motion, with unimpaired sensation.

*January 28th*, 1862.

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## THE VARIETIES AND TREATMENT OF WHITLOW.

[From "Traité de Chirurgie Navale," par Louis Saurel, Chirurgien de la Marine.]

Translated by Thomas Welsh, M.D., Acting Assistant Surgeon U.S.N.

By the term whitlow is meant a phlegmonous inflammation of the fingers. Its ordinary causes are the same as those of circumscribed phlegmon generally; but pricks, contusions and burns are the most common. These external causes are sometimes wanting, however, and the disease appears to be spontaneously developed. Attentive observation proves that atmospheric influences are far from being an unusual cause; thus it has been observed that it is more common in winter than in summer, and in cold than in warm countries. Dr. Dechange reports that he has seen many cases on the passage around the Cape of Good Hope, and my own observation proves the pernicious influence of a low temperature. M. Ramonet, Surgeon of the Sarcelle, in her cruise in the Southern Seas (1853–6) states that in going into the Frigid Zone, from La Plata to Valparaiso, an epidemic of whitlow occurred. Twenty-four hours after the slightest prick or contusion of the fingers, the inflammation made rapid progress. Certain medical atmospheres predispose to this affection; thus there are countries where this disease is endemic, but more frequently it appears in an epidemic form.

On board of vessels this epidemic is frequently coincident with one of furunculi. Reports of many cruises mention this peculiarity. Coincidently with whitlow, there is a deranged condition of the *primæ viæ.* An administration of an emetico-cathartic ameliorates almost always the local inflammation.

The symptoms of whitlow are not always the same, varying according to circumstances, and especially to the tissues of the hand and fingers where the inflammation originates. Authors have admitted four distinct species and varieties:—

1st. That which is situated between the skin and epidermis.
2d. That of the cellular tissue under the skin.
3d. That of the tendinous sheaths.
4th. That of the periosteum.

This division is not only anatomical, but is founded on numerous clinical observations. The difference of seat affects the progress and consequences of the disease. Thus the two first varieties remain ordinarily limited to the part attacked, and are not attended with any immediate danger; whilst the third may extend, by following the sheaths of the tendons, to the hand and forearm; and the periosteal variety may be followed by caries or necrosis of the phalanges. It must, however, be remarked that this division into many varieties is far from being absolute; for inflammation of the periosteum and synovial sheaths may exist without inflammation of the cellular tissue. The most simple varieties are, then, the only ones which can appear isolated.

Among carpenters, blacksmiths, and sailors, who are occupied with rude manual labor, the epidermis of the hand becomes abnormally thickened; this thickness may amount, in certain parts, to as much as one or two millimetres. Its hardness is correspondingly increased, so that the fingers and palm of the hand are enveloped in a horny covering, nearly inextensible. The tactile sensation of the skin is undoubtedly very much diminished, but this excessive thickness of the epidermis, which protects it from a certain number of traumatic agents, becomes a source of pain and complication when the hand is the seat of inflammation. Then the pain is so much the greater as the thickened epidermis effectually opposes the inflammatory expansion. I have seen these intense characteristic pains cease or diminish so soon as the epidermis has grown thin or been divided.

Erysipelatous whitlow is that form which is developed beneath the epidermis, on the surface of the dermis. It consists in redness and slight swelling of that portion of the dermis which surrounds the root of the nails, with a pulsative pain and rapid formation, in a few hours, of pus or purulent serosity, which collects between the skin and epidermis. It is ordinarily necessary only to excise the epidermis and apply an emollient cataplasm to obtain a rapid cure, followed sometimes by the loss of a nail.

The symptoms just indicated are light in the greater number of cases; but they are not so with those whose epidermis is thickened, as spoken of above. It is very difficult, at first, to tell if we have to do with an erysipelatous or phlegmonous whitlow. Indeed, erysipelatous inflammation is not always limited to the circumference of the nail. It may begin at any other point of the fingers, or, after having commenced near the nail, extend to all the surface of the finger and even to the hand. Then a more or less marked swelling of the hand takes place; the patient complains of very great throbbing pain; has no sleep, and great jactitation, the same as in the phlegmonous form of the disease. At the commencement of the trouble it is difficult, if not impossible, to recognize fluctuation, although there is at this time some pus formed. An incision down to the dermis ends these disorders; pus or purulent serosity comes out, and the pain ceases, as if by enchantment, without a division of the dermis. But the inflammation is not in every case limited to the part of the skin at first attacked; frequently the whole circumference of one or many fingers is affected. If we are contented to make a single incision, only a momentary relief is afforded. To obtain a cure, all the epidermis must be detached with the scissors or bistoury; wherever pain is experienced, it must be thinned. This practice has always given me the happiest results.

Erysipelatous whitlow is the most common of the varieties observed on board ship; phlegmonous a little less so. These two varieties occur frequently, isolated, but they are found sometimes united. Sometimes the inflammation commences in the dermis and extends thence to the cellular tissue; whilst the reverse takes place at other times. This form is manifested by symptoms similar to those we have described, only they are more intense. A painful tension comes on in the pulp or palmar region of the fingers, and extends sometimes to their dorsal aspect; the bright red of the commencement becomes deeper; the pain is acute, frequently excessive; the collateral vessels are strongly pulsative; pus is formed very early, and is distinguishable by an increase of pain and a change in the color of the part, which is softer, and sometimes fluctuation. So long as the disease is limited to the cellular tissue, the local and general symptoms are of a moderate intensity; but, if the tendinous sheaths are attacked, the morbid phenomena increase in gravity. Then the tension is extreme, the pain is lancinating and intolerable; the swelling gains rapidly on the neighboring parts; the palm of the hand, the wrist, the fore-arm, and even the arms, are sometimes affected. The swelling of the axillary glands is constant. General distressing symptoms then manifest themselves, such as fever, vomiting, delirium and convulsions, agitation and want of sleep. Abscesses are formed in all the parts affected; they produce considerable destruction of tissues, and are sometimes followed by gangrene, exfoliation of tendons, &c. Lastly caries and necrosis may supervene, when the inflammation has extended to the periosteum.

Whitlow is not exclusively situated in the fingers; for under the same name is included phlegmon of the hand. Much less common than that of the fingers, but much more serious, whitlow of the hand affects only its palmar surface. When pus is formed on its dorsal aspect, it is almost always by the extension of the disease situated in another part. This form is sometimes primitive, sometimes consecutive like that of the fingers; it may be erysipelatous, phlegmonous, fibrous or periosteal, but it usually presents the characteristics of true phlegmon. In this case the pus forms rapidly, with a great tendency to make an exit. It makes its way to the commissure of the fingers on their dorsal side, because it is conducted by the fibrous layers, and the skin offers less resistance at that point. When this phlegmon attacks the sheaths of the tendons and the deep tissues, it becomes much more grave than in the preceding form; all the disastrous consequences mentioned in speaking of whitlow of the fingers, may take place in a very short time.

The treatment of this disease has been divided into preventive, and curative. It would undoubtedly be a happy result to prevent its development or arrest it when commenced; and if it were possible to commence the treatment quite at its onset, suppuration perhaps could be avoided and resolution effected. But the surgeon, unfortunately, is not consulted until the pain has become intolerable and suppuration has already commenced. The disease has then, if we may call it so, a fatal course, and the pus must either make an exit for itself, or the surgeon favor its issue by means of a greater or less number of incisions of greater or less depth.

I shall omit mention of all the asserted abortive methods of treatment, almost always useless and productive of loss of valuable time. Those only which can be relied on with confidence are the local antiphlogistics and cataplasms of mercurial ointment. If by their use the inflammation is not resolved, there will always be the advantage of moderating it and limiting the suppuration. The only really abortive treatment, which can arrest the progress of the disease, is by incisions, practised as early as possible. These are very painful, and should be made at the point where the pain is most severe, which is ordinarily at the middle part of the palmar surface of the finger. They ought to be extended through the length of the inflamed part, and should be deep in proportion to the gravity of the disease. We can scarcely understand why surgeons of distinction should oppose the practice of incisions at an early period. In spite of his talent, M. Roux has been able to convince only a few of their impropriety, and incisions with a bistoury still remain the best method of treatment.

There is the advantage, in making early incisions, of producing an almost immediate cessation of pain, preventing the extension of inflammation, which remains localized in the parts primarily affected, and of protecting the fibrous tissues against the changes resulting from the prolonged contact of pus. If we are not consulted until suppuration has commenced, incisions are then indispensable, and are to be made in the parts where fluctuation is perceived. The bistoury is plunged down to the pus, and the tumor divided in its whole length. When the pus has reached the tendinous sheaths and the periosteum, the incision must be made down to them, to avoid the exfoliation of tendons and the alteration of the bones, which succeed so often to deeply-seated whitlows. A single incision is generally sufficient; but if the pain returns, this symptom must be followed up with the bistoury wherever it appears.

After the incision, the discharge of blood and pus must be favored by keeping the hand immersed for some time in warm water, or a poultice; the wound afterwards to be dressed with lint and cerate, or a poultice. These measures must be continued until every trace of inflammation has disappeared; and the solution of continuity should be treated as an ordinary wound, by bringing together its edges and keeping down fungous granulations.

The constitutional symptoms should be treated by diet and emollient drinks; and emetics and purgatives should be administered, when symptoms of gastric or intestinal disturbance are present. They would also be useful as revulsives.

The complications and sequelæ of this disease, such as consecutive abscesses, exfoliation of tendons, caries and necrosis of the phalanges, must be treated by appropriate measures, into the details of which I shall not enter.

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## FOREIGN BODY IN THE BRONCHIA—MORBID EFFECTS—RECOVERY.

[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by S. A. Toothaker, M.D., and communicated for the Boston Medical and Surgical Journal.]

In December, 1857, a son of John L. Howard, of Wilmington, aged 18 months, suddenly became strangled, while being washed, as if from some foreign substance in the pharynx. The mother's finger, introduced as a curved probang, soon brought out of his mouth the round extremity of a custard-squash seed, being about two fifths of its original length. The pointed end of the seed was not to be found. The symptoms of strangulation soon ceased; but immediately after, the child suffered from an oppressed and wheezing respiration, strikingly resembling that of an asthmatic patient. Severe paroxysms of cough immediately supervened.

This state of things continued, with but little apparent change, for some months. At times, the cough would become more teasing, and the respiration more oppressive. Small emetic doses of ipecac were given, and the resulting nausea afforded some relief. Thus he lived along, between hope and fear on the part of his parents, for three quarters of a year. A severe cold at length increased the symptoms, which assumed a graver type. The little patient lost his appetite, refused his toys, would not get upon his feet, grew pale, and became much emaciated. Distinct rales were heard at a distance from his crib, much of the time in another room, and the case presented little prospect of a favorable issue. Wine of antimony and ipecac sufficient to produce emesis would cause a free discharge of mucus from the air-passages, and give temporary relief. Syrup of senega was also given, with apparent benefit. The extreme debility, inappetency, and paleness, with hectic flush every day, appeared to indicate quinine as a remedy. This was tried, with much advantage. The patient seemed better than for some weeks previous; his appetite improved, and he seemed more inclined to amuse himself. Finally, on Saturday, November 6th, a little bloody matter was for the first time expectorated, and, the next day, during a paroxysm of coughing, the pointed end of the squash seed was ejected, which eleven months and five days before had been drawn into the trachea in consequence of dashing cold water on his face, and had found a lodgment in the right bronchus. The shell of the seed only remained, which I here exhibit. It measures, in its present dry condition, some ten weeks after its expulsion, more than half an inch in length by nearly three eighths in width. It was filled with a pus-like fluid.

There was an immediate improvement in the little fellow, the respiration becoming easy, and the flesh and strength increasing. He is now well.

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## CONSERVATIVE SURGERY—DRESSING AFTER LOSS OF FINGERS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was much pleased with the article of J. S. in the JOURNAL of Jan. 30th, on "hay-cutter" amputations, and I can fully endorse the sentiment it contains. I have had a fair share of experience in that kind of amputations, and have never seen any unfavorable result from the mode of treatment practised by J. S., nor any untoward circumstances attend the healing of the wound, except in two cases, in which, at the earnest request of the patient or his friends, I endeavored to secure the re-union of the severed ends. In these cases I was obliged to remove the partially re-united portions with the scalpel. I have seen cases reported where perfect union has been effected after complete separation; but the cases are so rare, and the trouble attending the treatment so great where the object is not obtained, that I very much question the expediency of making the attempt; especially, as, when the desired result is attained, the injured member, from the low vitality generally recovered in the restored portion, is of little use for the purposes of tact; and, moreover, is usually so numb and painful under low temperature as hardly to be compensated for by the better looks of the finger. Such has been my experience and observation in such cases, that I should not, except perhaps under the most favorable circumstances, attempt to restore the severed ends.

But my principal object in this communication is to give my method of dressing this kind of wound. It may not be new to the profession, though I have never seen it recommended or adopted but by myself. "Necessity is the mother of invention." Some years since, I had the misfortune to lose the ends of three of my fingers by the above means. A surgeon happening to be in the vicinity, I got him to dress the wound. He proposed, "*secundum artem*," to remove the ends of the bones; but I thought, with J. S., "'tis enough." There is quite a difference between *operating* and being operated *upon;* and I believe if some of us were more frequently the *operatee*, instead of the operator, we should, perhaps, oftener hesitate to use the knife in cases of questionable *necessity.* At the time of my accident, I had an unusual amount of business to do, and for a week or more my fingers were exceedingly troublesome and painful, and I found it very inconvenient to use my hand; and, besides, it required more time to dress my fingers than I could well spare. I thought some better method might be found to protect the stumps from injury, to facilitate the daily dressing, and to enable me to use my hand with greater freedom; and the following plan occurred to me. I made a bandage of linen, about an inch and a half wide, and of sufficient length to form half a dozen turns round the finger. I applied it so as not to obstruct the second joint, and to project beyond the stump half an inch; this I saturated thoroughly with collodion, which, when dry, formed a complete case, adhering firmly to the finger, and impervious to water. The end being left open, permitted the easy application of a small pledget of lint armed with cerate, the daily renewal of which, and cleansing with soap and water, requiring about five minutes, was about all the further trouble I had; being able to use the hand with about as much ease as the other. I could strike the ends of my fingers, or rather the end of their case, with any reasonable force, against any hard substance, without hurting.

This method I have employed ever since, in section both of fingers and toes, whether by clean cutting instruments or other means. I wait for the inflammation and swelling, if there be any, to subside, before I apply the *collodion* bandage, which is permitted to remain until the granulation is completed.

This improvement (for such, from experience, I know it to be) may be thought by some a small matter, and hardly worthy the space the description of it may occupy in the JOURNAL; yet when we consider the length of time it requires for such wounds to heal, the great sensitiveness of granulating surfaces, especially of the organs of touch, the constant fear and danger one has of hurting the stumps, the inconvenience of using the hand (patients sometimes feeling obliged to carry their hands for weeks in a sling), and the time required for the daily dressings, certainly any method by which such a condition of things can be obviated, or measurably relieved, will be found worthy of a trial. The patient, at least, will appreciate it.

I have recently had a case in which most of the first joint of the thumb was carried away by the accidental discharge of a gun. I at first dressed the wound with the usual bandage, and after three or four days, when the inflammation and swelling had subsided, I applied the stiff bandage. From this time there was little or no further trouble; the patient, who was a farmer, continued and performed his usual business, with hardly an hour's loss of time from the injury. Yours truly, A. D. B.

*Sharon, Mass., Feb. 19th,* 1862.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 10th. *Purpura attended with Cerebral Hæmorrhage; Death.*—Dr. GAY reported the case, as follows.

C. B., æt. 55, deaf and dumb since he was two years old, had a slight hæmorrhage from his nose and some spots on his legs for two or three days previous to my seeing him, Jan. 21st, 1862. The amount of blood had not been large, and no particular alarm had been felt, as he appeared to be in as fair health as usual, without any complaining, taking his customary outdoor exercise, and eating his ordinary quantity of meats, vegetables and other articles. It was to the appearance of his legs, that attention by himself and wife was particularly directed. On seeing him at the first visit above mentioned, it was at once clear that it was a case of purpura. Both legs below the knees were speckled thickly with different colored and sized spots. Both feet presented also the same appearance. Most of the spots were purplish red, varying in size from a pin's head to a pea, and between them were ecchymosed streaks running in various tortuous directions. On the thighs, arms and body, the ecchymoses were larger, some of them nearly an inch in diameter, and looking like an ordinary black-and-blue spot. On the tongue, were two or three spots, as large and round as a pea, of the usual color of a coagulum, and very hard to the feel. On the roof of the mouth there were fine ecchymosed streaks. At the tip end of two or three of the fingers was a bluish spot, like a so-called blood-blister, hard, and tender on pressure. At no other part of the body was there any tenderness on pressure. There was no heat of the skin and no febrile symptom, nor any peculiarity of the pulse.

The treatment prescribed was a nutritious diet, lemon juice, the citrat. ferri et quiniæ and the elix. vitriol. In about ten days the symptoms had so much improved, that the visits were discontinued. From that time he seemed to improve till the morning of Feb. 5th, when, without any apparent cause to him or his family, the bleeding again commenced from his nose, at times very free, though giving no alarm to him. When called, at 10, P.M., to see him, the blood was dropping from his nostrils and posterior fauces. As the report indicated a considerable loss of blood, an attempt to check it was made with the sol. perchlorid. ferri, both as an internal remedy and as a gargle, and some was also to be syringed into the nostrils. About 8 o'clock the next morning, Thursday, I was called to see him on account of a slight fit he had just passed through. From the description of it, it seemed as if it might be a short syncope, from debility from the loss of blood. Directly on reaching home, another messenger came for me, because of a second fit. On again seeing him, it occurred to me that there might be an extravasation upon or into the substance of the brain. The fits were of two or three minutes duration only, and were attended with entire unconsciousness, and with muscular twitchings of the face and limbs. On coming to himself he was bright and cheerful, perfectly conscious, with no confusion of ideas, no headache, and with no complaint of any part of his body. On consultation with Dr. Ware, Sen., in regard to the cerebral disturbance, it was reasonably feared that an effusion of blood was connected with this new trouble, notwithstanding the absence of many of the symptoms so usually attendant upon it. During the rest of the day and following night there were more fits, amounting in all to nine, each of about the same duration, and each leaving him as above mentioned, so that, Friday morning, at my visit he recognized me, smiled, stated his feelings to his wife and daughter, and made no complaint of pain or suffering. All external hæmorrhage had now ceased. During the day, there was a vomiting of a small quantity of blood, perhaps some that had been swallowed. On Saturday morning his mind was as before. For the first time it was noticed that there was paralysis of the left arm, though the nurse said she saw him, the night previous, raise up this arm with the right hand. Observing this, he was asked to raise the left leg, which was immediately done with ease. There was still sensation in the left arm. There had been no more fits, though the nurse thought she had stopped the appearances of them once or twice by giving a little ether. At 6, P.M., there was no motion in the left leg, though there was feeling. He now complained of pain in the right side of his head and forehead, slapped with his hand there and upon the bedclothes. In a short time he became more quiet, and showed very sensible signs of sinking, though he remained conscious and conversed with his wife and daughter until midnight, after which he gradually became weaker, and died between 5 and 6, A.M., on Sunday.

*Post-mortem* examination in the afternoon of the same day.

On removing the skull-cap, the surface of the dura mater was found unusually dry. The veins beneath appeared empty, and there was an extensive discoloration from blood upon the upper anterior portion of the right hemisphere. The dura mater was then removed, and sections were made of the left hemisphere, which was throughout unusually firm and dry.

A thin section was then made of the right hemisphere, which traversed a large coagulum, two inches or more in diameter, and very firm. A deeper section went through a much larger, though still firm coagulum, of a more elongated form, say four inches in length. A still deeper section was nearly on a level with the floor of the ventricle, and the coagulum was found as firm and extensive as in the previous section. On further examination, the origin of the extravasation was traced into the corpus striatum, in its anterior half.

There was a small extravasation of blood into the right lobe of the cerebellum.

The lungs were healthy and crepitating throughout. The posterior dependent portions were more than usually black with liquid blood.

There were some ecchymoses upon the heart. The other organs were found healthy.

Dr. Gay thought it remarkable that, with so extensive a lesion of the brain, the patient should have preserved his consciousness almost to the last.

Dr. Tyler had been called, thirteen years ago, to a young lady, 18 years old, who was convalescent from an attack of bilious fever. The arm was covered with purpuric spots, and she bled from the gums, the bowels and the bladder. She had also copious epistaxis. Perchloride of iron and sulphuric acid were freely used, without relief, but the disease was completely arrested by ergot. In regard to Dr. Gay's case, Dr. Tyler remarked that he had frequently seen cases of coma and of convulsions in which only the slightest amount of extravasation was found. How far the brain, in the present instance, was enabled by the empty state of the vessels to bear the pressure, was an interesting subject for consideration.

Jan. 27th. *Transplantation of Skin for the relief of Contraction from a Burn.*—Dr. Cabot showed the patient, a little girl, 7 years of age, on whom he had performed this operation with entire success.

Three years ago, her clothes caught fire, and she was severely burned about her right hand and arm. At her entrance to the hospital, Dec. 13th, 1860, there were extensive cicatrices over the greater part of the arm, which was flexed to its utmost, and could be but slightly extended on account of a dense, firm cicatrix, occupying the anterior part of the limb to an extent of three inches below and the same distance above the elbow. Dec. 22d, the cicatrix, where it ascended in a point upon the front of the biceps muscle, was dissected up after two cuts had been carried down on each side of it, between it and the sound skin. The arm was extended as much as possible, carrying the V-shaped cicatrix with it, and the sound skin was brought together across the surface thus laid bare, and retained by iron wire sutures. There was some motion gained by this operation, though not very much. On Feb. 2d, 1861, a pointed flap of skin was dissected up from the lower part of the chest and upper part of the abdomen, and the bands of cicatricial tissue having been divided in the bend of the elbow, so that the arm could be fully extended, into the surface thus laid bare the pointed piece of skin was secured by a few stitches, and the arm having been enveloped in cotton, was bent at a right angle and secured to the side. The extreme point of the flap sloughed, but the remainder united perfectly. The operation was completed by continuing the dissection of the skin from the trunk in a V shape, like the first, only having the point in the opposite direction, so that the whole formed an elongated lozenge ; and the bands on the inner aspect of the joint having been divided, and the arm extended, this flap was secured like the first, though of course the arm was no longer secured to the side. The union of this flap was perfect, without any sloughing, in a short time. Subsequently, a subcutaneous band was divided with a tenotome, and the patient left the hospital, May 20th, with almost perfect use of the arm.

Dec. 14th, 1861, she again entered the hospital for the relief of a slight contraction, resulting from the sloughing of the apex of the first flap. This was accomplished by an operation similar to that by which the first slight relief was gained, and she now has the perfect use of her arm.

An interesting feature in the case is, that sensation began in the flap at the point where union first took place, at the angle opposite the pedicle, and gradually spread towards the pedicle, which part was for a long time insensible. The sensation was never referred to the part from which the flap was taken, but always to the arm.

JAN. 27th.—*Colloid Disease of the Rectum.* Dr. JACKSON showed the specimen, which he had received from Mr. Albert Wood, a student of medicine. The patient was a married woman, about 50 years of age, and had been suffering from the disease for three years; her chief symptom being an intense paroxysmal and increasing pain, passing up through the rectum, and as high as the top of the sacrum, and for which she was frequently obliged to take large opiate enemata. There was very little discharge of blood. The patient was naturally thin, but she became very much emaciated, with loss of strength, though able to sit up until the last two weeks. Her complexion was such as is generally supposed to belong to cancer. There were no symptoms of affection of the uterus or bladder, and the case had been regarded by her physician as one of cancer of the rectum.

The disease commenced very near to the anus, and extended upwards two inches and three quarters; involving the whole circumference, excepting half an inch, and being, for the most part, perfectly defined. The characteristic structure was everywhere strongly marked; and in one part, to the extent of an inch, the disease had penetrated through to the external parts, though this was not observed at the time of the dissection. The edges, to some extent, rose two thirds of an inch above the mucous surface and were rounded; being in other parts quite depressed, though nowhere lower than the surrounding surface. There were traces of superficial sloughing upon the surface; but no appearance of any other than the colloid form of cancer. Just above the anus there was a very narrow strip of healthy intestine; though at the very verge there was a considerable mass of the disease that looked as if it had its seat in hæmorrhoids, and that occasionally protruded during life. The other organs, according to Mr. W.'s report, were quite healthy; excepting the liver, a portion of which was shown by Dr. J., and which was pale and fatty, but quite firm.

Dr. J. remarked upon the severity of the pain as contrasted with the absence of it in a case that was reported to the Society in 1858, by Dr. J. M. Warren, and in which the anatomical appearances strikingly resembled those in the above case.

FEB. 10th.—*Large and unusual form of Mammary Tumor.* Dr. JACKSON showed the specimen, which he had received from Dr. Alfred Hitchcock, of Fitchburg, with the following account of the case:—

"The patient was married, and had one child; age 83; of lymphatic temperament; light hair and blond complexion. In June, 1860, she first discovered a movable tumor in the right breast, of the size of a hickory nut. The growth has been pretty uniform since that period. She thinks it grew faster the week preceding the menstrual periods; and during that time there was a sense of fulness and dull pain in the growing tumor—but, with this exception, the growth has been painless.

"Feb. 5th, 1862.—The tumor measures twenty-five inches in circumference, is nearly circular, and almost hemispherical; smooth on the surface; skin not adherent. Tumor very movable and somewhat pendulous. Very large veins ramify across the surface, especially about the nipple. The nipple is soft, slightly retracted (which was natural), and not discolored.

"The patient was at her own house, at Orange, and in care of her family physician, Dr. Edward Barton, of Orange. Dr. Andrews also was present, when she was etherized and the tumor removed, at 4 o'clock, P.M. Weight, five pounds ten ounces. The tumor was readily separated; the investing membrane being no where firmly attached, and all the adjacent tissues seeming perfectly healthy. Axillary glands not enlarged."

The disease was well defined; and, on section, showed different appearances in different parts. Towards the surface there was a great deal of the pearly-white, strongly-marked and coarsely-granulated structure that is so often seen in glandular hypertrophy; also, one or two marked cysts of considerable size, the cavity of which was nearly or quite filled by fleshy growths, which were broadly adherent, but quite smooth and polished upon their free surface, as was also the interior of the cysts. The central and larger portion of the mass consisted of a rather coarse and loose structure, abundantly infiltrated with a very viscid fluid, such as is found occasionally in the intra-cystic growths, but without any granular or cystic appearance; there were also a few small and pretty well defined gelatinous masses in this portion of the tumor, the color of which last was nowhere deep, but made up of light and mingled shades of yellow and red. The appearances in the two portions of the tumor passed insensibly into each other; and there were nowhere seen any remains of the gland, nor any appearance of cancerous structure.

Dr. J. regarded it as a non-malignant growth, but thought that it would be very likely to return. Small portions had been examined, independently, by three of our best microscopists; they were taken from near the surface where there was the appearance of glandular hypertrophy, but only one found the corresponding microscopic appearances, and they were by no means strongly marked. The fibro-plastic structure was sufficiently distinct. No appearance of cancer.

STRANGULATED UMBILICAL HERNIA.—A very interesting discussion is now going on at the Surgical Society of Paris respecting the treatment of this accident. M. Richet has mentioned a case wherein he succeeded in reducing a large strangulated umbilical entero-epiplocele by cutting down on the neck, but without dividing the constricting bands. He merely dilated the ring with his finger, after the former had been widened by means of probes hooked down at one end. Careful occlusion of the hernial orifice, to prevent the penetration of the secretions of the sac into the peritoneum, was effected by means of strong *serre-fines*, and the patient did well.—*Lond. Lancet.*

## Army Medical Intelligence.

At a meeting of the Surgeons and Assistant Surgeons of General Hooker's Division, Lower Potomac, convened Feb. 7th, 1862, Brigade Surgeon Sim, of the Excelsior Brigade, was called to the chair, and A. J. McKelway, Surgeon of 8th Regiment N. J. Vols., was appointed Secretary. The object of the meeting was announced to be the expression of the grief felt at the loss of our professional brother, LUTHER V. BELL, late Brigade Surgeon of this Division. The following gentlemen—Harvey E. Brown, Surgeon 1st Excelsior U. S. Vols.; Ira Russell, Surgeon 11th Mass. Vols.; John Wiley, Surgeon 6th Reg't N. J. Vols.; together with the Chairman and Secretary, were appointed a committee to draft resolutions for the purpose stated. The committee, through the Secretary, reported the following resolutions, which were unanimously adopted:—

*Whereas*, It has pleased Almighty God, in his providence, to remove from us our esteemed brother Luther V. Bell, late Brigade Surgeon of this Division—

*Resolved*, That strangers as most of us were to the deceased, yet we deeply deplore his death, because in all our intercourse with him we found him not only the intelligent, educated and skilful physician, but the kind, courteous and Christian gentleman, affable in demeanor and pleasant in manner to all who were brought in contact with him, either in social or business relations.

*Resolved*, That we tender to the bereaved family our sincere sympathy in this hour of deprivation and sorrow, and pray that the God and Savior who was the consolation and support of our esteemed friend in life's last hour, may sustain and comfort them under the heavy affliction which has fallen upon them.

*Resolved*, That a copy of the foregoing resolutions, signed by the Chairman and Secretary, be transmitted to the family of the deceased, and also that copies be sent to the *Springfield Republican*, *Boston Daily Journal*, and *Boston Medical and Surgical Journal*, with a request that they be published.

THOMAS SIM,
Brigade Surgeon Excel. Brig.,
*Chairman.*

A. J. McKELWAY, Surg. 8th Reg't
N. J. Vols., *Secretary.*

17th Mass. Vols., Baltimore, Md., Dec. 31st, 1861.

SANITARY REPORT.—Although the amount of sickness and number of deaths that have occurred in this regiment are not large, yet I can readily see how much of what did actually happen, might have been averted.

Many of the men enlisted for this regiment were physically unfit for soldiers; some were too young and of slender constitutions; others were diseased, and when put upon full duty were found to be incapable of performing it. Especial care has been taken to remedy this evil by procuring the discharge of unsound men, and by rejecting all unsound recruits.

Another cause of sickness has been change of climate. Most of the men who compose this regiment had been accustomed to the climate of New England. Their removal to a more southern locality, where miasmata existed, was followed by a general prevalence of disease from this cause. But few cases, however, were serious, and all of them recovered.

Another cause of sickness has been the insufficiency in number and poor quality of the tents occupied by the men. Good barracks are, however, now provided. The hospital accommodations have been excellent.

The water used by the troops has been of excellent quality, and the food and clothing have been ample, of good quality and suitable kind. Cleanliness has been enforced, and intemperance has not existed to a great extent.

The duties and employments of the troops have been such as not to interfere with their good health, except in one instance. Five hundred men of the regiment went to the Eastern Shore of Virginia under Gen. Lockwood, in the month of November, where they remained about three weeks. During their absence one of them died of typhoid fever, and soon after their return to Baltimore, twenty-four of them were taken sick with typhoid fever in a severe form, which proved fatal in six cases. In these cases the disease must have been contracted while the men were in Virginia, but as I was on duty at Baltimore at that time, the causes which originated this disease are unknown to me. I am of opinion, however, that change of climate, irregularities in diet, insufficient clothing and fatiguing marches combined, produced the sickness above mentioned. ISAAC F. GALLOUPE,

*Surgeon 17th Mass. Volunteers.*

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 27, 1862.

WE have been requested to publish the following paper, read before the Scott County (Iowa) Medical Society at its annual meeting, held on the 28th ult., by Dr. C. C. Parry. It will be remembered that Dr. Fountain lost his life, not long since, in consequence, as was said, of taking an overdose of chlorate of potash, in experimenting with it upon himself. We are not aware how far Dr. Fountain's claims with reference to ozone are acknowledged ; perhaps the publication of this paper may elicit the truth of the case.

*Claims of Dr. E. J. Fountain to the discovery of the Therapeutic Properties of Chlorate of Potash, and to the Priority of establishing a correct Theory of the Nature and Properties of Ozone.*—In an early period of his professional career as a practising physician, Dr. Fountain's attention was directed to the investigation of means and agencies for fulfilling in a more satisfactory manner than ordinary remedies afforded, the important indications of promoting an active arterialization of the blood in certain diseased states. In pursuing these investigations, his claims to the discovery of the therapeutic properties of *chlorate of potash* are generally admitted. The frequent and satisfactory use of this article in medical practice, both in this country and in Europe, is undoubtedly due to his persevering efforts and published results in elucidating this subject.

It is not my intention to dwell on this interesting point in the professional career of our lamented associate, but to present his claims to the priority of establishing a correct theory of the nature and properties of *Ozone.*

A truly scientific mind, such as Dr. Fountain possessed, could not be content with a mere crude view of the specific action of a drug on the human economy ; but, pushing his inquiries into the reasons and *modus operandi* of this substance, he was led to extend his investigations into the broad field of the general relations of *oxygen* to the human economy. In pursuing this study, he was naturally led to examine the disputed subject of the nature and properties of *Ozone.* In consulting standard authorities on this point, he could arrive at no satisfactory conclusions, from the many diverse and opposing views presented by different authors. In this state of the case he applied himself to a personal investigation of the subject, and, by a series of very simple experiments, he soon was convinced that all these opposing views could be reconciled by adopting the explanation that *Ozone* was, in fact, nothing more than a peculiar condition of atmospheric oxygen. This peculiar condition he explained to consist in its recent separation from some of the numerous compounds in which it occurs, thus setting it free in a *nascent* state, in which it possesses peculiarly active properties. In fine, to use Dr. Fountain's own words, *Ozone* is nothing more nor less than *nascent oxygen.* Following out this simple view, he found at once the key to explain all the disputed points in reference to this obscure subject, and to establish a theory, the simplicity and clearness of which go far to establish its truth. Notwithstanding, however, the assurance wrought in his own mind, Dr. Fountain, with a modesty and zealous care most commendable in an important scientific discovery, did not make his views public, certainly for several months. I think it was in the summer and fall months of 1859 that these investigations were made and the conclusions arrived at. In frequent conversations with him in the winter of that year, I was first made acquainted with his views, and encouraged him to continue his investigations. It was at a Teachers' Institute, held at Davenport in December, 1859, he delivered a public lecture, in which these views were first publicly announced, though they were substantially embodied in the July number of the New York *Journal of Medicine*, 1859. Subsequently, having more thoroughly elaborated his views, he presented them in a very able paper read before the National Medical Association in June, 1860, which paper was subsequently published in the *American Medical Monthly* for September of the same year. This completes, as far as is necessary for our present purpose, the history of Dr. Fountain's connection with the investigation of the true nature and properties of *Ozone*.

It only remains to notice that this view, so early adopted and ably explained by Dr. Fountain, has been since adopted by eminent chemists, and may now be regarded as the accepted, rational theory. In the July number of Silliman's Journal for 1861, is a communication from T. Sterry-Hunt's *private* letter to the editors of that Journal, dated as far back as January, 1860, in which the above views were substantially adopted, but being a private letter they were not made public.

Questions of priority in the discovery of important scientific facts or useful applications, have frequently given rise to acrimonious discussions, and a zealous personal controversy unworthy of the disinterested champions of truth; but it still involves rights that should be sacredly guarded, as one of the stimulating rewards of laborious scientific investigation. Especially as in the case before us, where the self-sacrificing student has fallen in the midst of his unfinished labors, should his claims be sacredly regarded by those he has left behind, and the laurels nobly won be permitted to rest, undisturbed and unfaded, upon his tomb.

We regret that we have no data by which to substantiate Dr. Fountain's claim, as above set forth, to the discovery of any peculiar therapeutic properties in chlorate of potash. Certain it is, that the supposed oxygenizing of the blood by the use of this salt was the first inducement which led to its use in medicine. This was in accordance with the theories of the distinguished chemist Fourcroy, about the year 1796. It was used in France by M. Alyon as a remedy for syphilis, and in England by Messrs. Rollo and Cruikshank. It was subsequently employed, on the same theory of its action, in the treatment of typhus and scurvy, particularly by Thomas Garnett, of Glasgow, who made a careful calculation of the exact amount of oxygen which a given quantity of the chlorate can impart to the economy. A singular theory this, says Isambert, which attributes so much importance to the action of a few cubic centimetres of this gas which the chlorate of potash can furnish to the system, if taken in a dose of fifty centigrammes [about seven grains and a half], when it penetrates every moment into all our organs, in much larger quantity, through the organs of respiration.

Since the time of the first experimenters it has been repeatedly tried as a remedy for chorea, neuralgia, icterus, &c. Hector Chaussier experimented boldly with this salt upon himself, and published the results in 1819. On the continent it fell into disuse for many years, and we next hear of it in England, where Mr. Hunt, in 1847, employed it as a remedy for gangrene of the mouth in children. West, also, made use of it in ulcerative stomatitis, Sayre for phagedenic ulcers, and it began to be used once more on the continent of Europe. Finally, Simpson employed it, in cases of placental hæmorrhage, in the last stages of pregnancy, *to furnish oxygen to the fœtus.*

In 1855, Messrs. Herpin, of Geneva, and Blache, called the attention of French physicians to the great value of the chlorate of potash as a remedy for mercurial stomatitis, certainly one of its most valuable applications. M. Blache extended his experiments to the other forms of stomatitis, with marked success, and was the first to announce that this salt is eliminated by the urine. M. Isambert, also, an interne of the hospitals of Paris, in 1855, entered with great zeal into the investigation of the properties of this drug, and has written a most complete and admirable treatise upon it, from which we have condensed the above facts. He shows that it is eliminated from the system principally by the urine, the saliva, the nasal, buccal and bronchial mucus, and the perspiration.

It is a singular circumstance, that, notwithstanding the chlorate was first employed as an oxydizing agent, and has so often been used since on the same theory, M. Isambert found that it is neither fixed nor decomposed in the economy, and is very rapidly eliminated in the form in which it is introduced, and consequently *furnishes no oxygen to the system!* It passes off so rapidly, that in five minutes after being taken it can be detected in the saliva, and ten minutes after in the urine; and at the end of half an hour, the elimination has reached its maximum of intensity. Dr. Isambert took twenty grammes (about three hundred grains) daily, for a number of successive days, without any marked constitutional disturbance.

It is remarkable that a salt, apparently so innocuous, should be chargeable with the death of Dr. Fountain, and should produce such astonishing curative effects, as it unquestionably does, in certain diseases.

We publish these facts, not to detract from the merits of the lamented Dr. Fountain as an experimenter. We are sorry to be compelled to say that we are unacquainted with his published researches. It is evident, however, that more is claimed for him in the paper of Dr. Parry than the facts of the case warrant. Dr. Isambert's treatise on this substance has been truly characterized by Trousseau as a remarkable work. It was published in Paris, in 1856, and is worthy of all confidence as a faithful, thorough, and seemingly exhaustive essay on the subject. We can confidently recommend its perusal.

STRANGULATED FEMORAL HERNIA IN A VERY AGED PATIENT.—Dr. Robert Harper relates, in the London *Lancet*, a case of hernia in a woman 95 years old. The usual operation was performed, and the case is remarkable only on account of the patient being, as Dr. H. says, the oldest person by many years who ever underwent the operation. On the thirteenth day the wound was quite healed, but occasional attacks of dyspepsia prevented her gaining strength, so that she kept her bed; and in a few weeks a troublesome attack of hæmorrhoids came on, frequent bleedings took place, and she sank, and died in just seven weeks after the operation.

LONGEVITY AMONG OPIUM EATERS.—Dr. Harper states, in connection with the above case, that frequent instances of longevity occur in Holbeach, situated in what is called the Fen District, where he resides. He says that at one time last winter he had under his care in the Dispensary fifteen persons of the average age of 76. This is the more surprising, as opium-eating is very common there, many of the lower classes eating from a quarter to half an ounce of solid opium weekly. It is a popular remedy for all ailments—the doctor, on being sent for, often finding that the patient has, before sending, taken "a bit of opium about the size of a pea." Infant mortality is high.

TRAINED NURSES.—Efforts are making in various parts of England, to secure, for the benefit of both the poor and the rich, a higher class of professional nurses. The Nightingale Fund, subscribed by the people of the country at large, is intended for this purpose; and mention is made in the *Lancet* of the Protestant Sisterhood of St. John's House, of a special provision at St. Thomas's Hospital, an appropriation for the Jews by the Baroness Lionel de Rothschild, and, more recently, a scheme in connection with the Liverpool Infirmary—all intended to supply for the public a corps of skilled and trustworthy nurses. At the latter place, the nurses will pass through a period of four months probation and eight months actual service.

AMERICAN JOURNAL OF OPHTHALMOLOGY.—Dr. Julius Homberger has issued a Prospectus of a new journal with the above title, to be published in New York, bi-monthly, at $2 per annum. It is stated in the Prospectus that Dr. H. was a pupil of De Graefe, was late Assistant to Dr. Sichel, Paris, and is a member of the Société Universelle d'Ophthalmologie, &c. We wish him success in his new enterprise. L. W. Schmidt, 534 Broadway, above Spring St., is to be the publisher.

SUIT FOR MAL-PRACTICE.—The case of Peter Bryson *vs.* Dr. Thomas Frye, of Rockland, Me., in which damages were claimed in the sum of $10,500 for mal-practice in the treatment of a fracture of the thigh bone, and which has been before the courts for three years past, was lately dismissed from the Supreme Court; and a counter suit of the Doctor against Bryson for *services* has resulted in judgment for the plaintiff.

MILITARY TRIBUTES TO SURGEON LUTHER V. BELL.—At the assembling of the General Court Martial for Hooker's division, on the Lower Potomac, the 12th day of February, 1862, the death of Surgeon Luther V. Bell, Medical Director of the Division, having been announced, appropriate resolutions were unanimously passed.—At a meeting of the officers of the 11th Regiment Mass. Volunteers, of which Dr. Luther V. Bell was formerly surgeon, resolutions, expressive of the high estimation in which he was held by the officers of this regiment, were unanimously adopted, and signed by all present.

MEDICAL MISCELLANY.—The 1st volume of a new edition of Cooper's Surgical Dictionary, brought down to the present time, by Samuel A. Lane, Lecturer on Surgery at St. Mary's Hospital, &c., assisted by various eminent surgeons, has just been published by Longman & Co. in London. Much of the work has been entirely re-written, great additions have been made, and it now sums up, says the *Lancet*, "as perfectly as any cyclopœdic dictionary can, the whole science and art of surgery, as it is practised and taught in modern days by the ablest surgeons and best authorities."—An instrument has been designed in London by A. Coleman, Esq , M.R.C.S., and Dental Surgeon to the Metropolitan Free Hospital, for the administration of chloroform through the nose in operations on the mouth.—The sum of £42,000 has lately been subscribed in Leeds, England, for the establishment of a new infirmary there.—At Charing-Cross Hospital, London, potassio-tartrate of iron has lately been used with decided benefit in a case of rheumatism of erratic character, which had for three years been subject to various treatment without improvement.—On a recent occasion, at the University College Hospital in London, five different amputations were performed on as many patients by Mr. Erichsen and Mr. H. Thompson. The amputations were, of the thigh, leg, arm, fore-arm, and foot.—The General Hospital at Augusta, Me., for the sick soldiers of the regiments of that State, previous to their departure for the South, is spoken of as being well provided with everything necessary for the comfort of its inmates. Dr. Buxton has the management of it. The whole number now within it is stated to be 115—80 of whom are convalescent.—Prof. Titus Deville, late of Chicago, Ill., and Emeritus Professor of Anatomy in the Medical Department of Lind University in that city, has been appointed to the chair of Practical Anatomy for the Winter Term, and to that of Surgical Anatomy for the Summer Term, in the Manchester Royal School of Medicine and Surgery, in England.—Dr. Alfred Hitchcock, of Fitchburg, a member of the Executive Council of this State, has been sent by the Governor to look after the Massachusetts troops in the Burnside Expedition.—Resolutions of respect to the memory of the late Hon. Samuel Appleton, of this city, have been passed by the Corporation of the Massachusetts General Hospital.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, FEBRUARY 22d, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 41 | 38 | 79 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 40.1 | 39 2 | 79 3 |
| Average corrected to increased population, | .. | .. | 88.44 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 15 | 0 | 3 | 6 | 3 | 0 | 0 | 1 | 1 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending Feb. 15th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.870 | Highest point of Thermometer, | 38.0 |
| Highest point of Barometer, | 30.108 | Lowest point of Thermometer, | 7 0 |
| Lowest point of Barometer, | 29.628 | General direction of Wind, | W.N.W. |
| Mean Temperature, | 25.3 | Am't of Rain (inches), including melted snow, | 0.42 |

NOTICE.—The 44th Part of Braithwaite's Retrospect was mailed from this office, on February 18th, to all those members of the Massachusetts Medical Society whose names appear on the Treasurer's books as having paid their assessment.

TO CORRESPONDENTS.—The following communications have come to hand, and will receive early attention:—Prof. Chapman's Obstetric Clinique of the Long Island College Hospital for the month of November; Dr. Hayes's Remarks on Galvanized Water Pipes; Surgeon Thompson's Report of the Sick, &c., in the 12th Maine Regiment, at Ship Island; and Dr. Taft on the Use of Diuretics.

DEATHS IN BOSTON for the week ending Saturday noon, February 22d, 79. Males, 41—Females, 38.—Inflammation of the bowels, 1—disease of the brain, 1—bronchitis, 6—consumption, 15—convulsions, 2—croup, 3—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 9—scarlet fever, 7—typhoid fever, 1—disease of the heart, 1—infantile diseases, 6—intemperance, 3—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 2—inflammation of the lungs, 3—measles, 1—old age, 1—premature birth, 1—scrofula, 2—disease of the spine, 1—suicide, 1—syphilis, 1—tabes mesenterica, 1—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years of age, 47—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 62—Ireland, 11—other places, 6.

THE

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## GYNECOLOGICAL RECORD OF THE LONG ISLAND COLLEGE HOSPITAL FOR THE MONTH OF NOVEMBER, 1861.

BY E. N. CHAPMAN, A.M., M.D., PROF. OF THERAPEUTICS, MATERIA MEDICA, &C.

[Communicated for the Boston Medical and Surgical Journal.]

IT is a matter of astonishment, the multitude of females—miserable wrecks of their former selves—that are to be found in every community; who, running the gantlet of all the varied kinds of practice that claim the dignity of systems, in despair resort to any treatment, however absurd, which holds out hopes of relief; yet with the same unfortunate result. The regular physician, who is usually first consulted, having paid little attention to uterine diseases—at least, by the method through which alone they can be understood—disbelieves in their importance, or even ignores their existence; excepting as secondary to some preëxisting disorder. Unfortunately, authority preponderates strongly, by the weight of distinguished names, in favor of the same views; and many good reasons have been alleged why the neck of the womb cannot be affected by a persistent ulceration; more especially, the nature of its tissues, the muscular and fibro-elastic. Besides, it is stated that any ulceration is usually confined to the mucous membrane covering the neck; where it is accessible to and as readily cured by the aid of injections, as the ulcerations of mucous membranes in other locations by that of lotions. The writers making these statements are, universally, those deprecating the use of the speculum; and they have much to say of the impropriety and indelicacy of instrumental examinations, excepting as a last resort in extreme cases. Hence, from the bias of theory, which ever blinds us to facts we wish not to see, and the lack of observation as to the state of the uterine neck under every and all conditions, their opinions are nearly worthless; at least, are of no more value than those of any other persons who have not thoroughly investigated the subject.

Thus it comes to pass that suffering woman is shipwrecked on a theory; sunk to the depths of misery by the weight of authority, and consigned to confirmed ill health by a certain prudery, which forbids the doctor the only mode of investigation that can afford the knowledge and means of cure. What is singular, the surgeon is not bound by the same restrictions. Whatever exposure is requisite for the examination or management of his cases, is always enforced; and no court of justice would hold him guiltless of a charge of malpractice, because, forsooth, his modesty would not allow him to treat a fractured thigh or a strangulated hernia with the same freedom in a female as in a male subject. Life, health, and the enjoyment and happiness of a fellow-being, are too important to be jeopardized, and, above all, sacrificed, by any such squeamish notions. The physician, equally with the surgeon, has a like grave responsibility resting upon him; the same in a moral point of view, though, from the nature of his cases, he is less amenable to the law. We assume the sacred trust of curing disease; and if we amuse the patient with sugared bon bons, or prescribe drugs, however nauseous, without using the means in our power to discover its nature, our guilt is great; only to be measured by the magnitude of the interests at stake.

I cannot speak otherwise than strongly upon this subject. The ample field of the Out-Door Department of the Long Island College Hospital has shown to me, that many a poor female is dragging out her days, unhappy and miserable, from some long-continued uterine disease; simply because the physician, from a mock modesty, from theoretical notions gained from books, or from a want of practical experience, does not understand the nature of her case—and is treating the symptoms, whereas he should remove the cause. The patient is supposed to be laboring under dysmenorrhœa, menorrhagia, amenorrhœa, prolapsus, leucorrhœa, &c., for which a variety of drugs are directed, under the vain delusion that these means will be successful. The truth is, the advance of our art at the present time, though unrecognized by all, has outgrown the nosological classification of the Fathers; which, at best, is but a succinct method of expressing a category of symptoms. It is more of a detriment than aid to many; who, too often, prescribe for a name, unconscious of the hidden evil that causes these outward manifestations. Therefore, to awaken the attention of practical men to the absolute necessity of making speculum examinations in certain cases, it is our purpose to give the history, general symptoms and appearances of the uterus and vagina presented to the eye, as noted in the female cases occurring at our clinique during the month of November last. This clinique being connected with the Hospital, our cases are in a manner public and open to the observation of others; so that, it is to be hoped, we shall not incur the sneers of flippant writers for the medical journals, or the suspicion of seeing and treating ulcerations that had no existence. By this record it will be shown, that women have been, from one to many years, suffering from uterine disease, unrecognized; that some of these have been under treatment for periods of time without benefit; that the speculum had not been employed, and that consequently the true nature of the disease had never been entertained.

Case I. *Ulceration of Os Uteri—Leucorrhœa.*—Mrs. H., aged 24 years, the mother of three children, the youngest 14 months old; presented herself Oct. 8th. Her symptoms date from about nine months after her second child, but became much more severe after the last. She is regular as to the interval, but very free; has the whites excessively, with great pain and dragging at all times through her hips and back. She is in good flesh, not anæmic, or suffering from any constitutional symptoms excepting nervousness. During October, she came three times to the clinique; but feeling much better, she omitted her visits for three weeks. As at first, there was a complete circle of granulations surrounding the os uteri, giving the neck a puffy and inflamed look. She now came regularly once a week. For the first three visits scarifications alone were employed, which removed the leucorrhœa and the pains through her hips. Nov. 18th, the ulceration on the uterine neck is removed, but a glairy mucus issues from its red patulous orifice, for which a strong solution of lunar caustic was passed into the cavity of the cervix the next four visits. Jan. 8th, she was dismissed cured.

No general remedies seemed called for, and, consequently, were not used in this case. She continued nursing during the treatment.

Case II. *Ulceration of Os Uteri—Leucorrhœa—Pruritus.*—Mrs. H., aged 27 years, the mother of one child at the full time, and then the subject of miscarriage at the fourth month, five years ago; has, since that time, been constantly tormented with her present symptoms, viz., a profuse white discharge; pruritus; a sense of dragging and pressing down whilst walking; at all times pain in the back, extending over the hips; poor appetite; stomach nauseated; vomiting frequent, occurring many times during the day; constipation, palpitation, great nervousness and irritability; menses free, lasting longer and recurring more frequently than natural. Notwithstanding these symptoms, the patient is not deficient in flesh or blood. There is also hepatic and gastric derangement. This patient first presented herself Oct. 10th, and was treated for the ulceration by scarifications; and at the same time, the stomach was corrected by purgatives of blue mass, and the appetite encouraged by vegetable bitters. Nov. 12th.—The ulceration is cured, but an uterine and vaginal leucorrhœa still remain, with some pruritus, though this is much less severe. Caustic ʒ i. to ℥ i. of water was inserted into the os uteri, and borax ʒ vi. to Oi. of water, for a vaginal injection, was directed. On the 25th of November she was dismissed, cured.

Case III. *Ulceration of Os Uteri—Prolapsus—Leucorrhœa.*—Mrs. R., attended in August, and cured in five weeks' time, of ulceration, by local treatment alone, excepting the use of laxatives and bitters; returned, and stated that she miscarried eight days since. She had not been pregnant for some two and a half years previously.

This patient was fleshy and full blooded, and when the ulceration cicatrized the leucorrhœa disappeared; but she still had the same distress and annoying sensations in the pelvis and through the back. Now, on touch, in the erect posture, it was found that she also suffered from prolapsus. A globe pessary was introduced, when all unpleasant symptoms disappeared. This pessary came away with the uterine pains that expelled the conception. Three weeks after the miscarriage, it was found by the speculum that the ulceration had not returned, when the pessary was readjusted.

CASE IV. *Ulceration of Os Uteri—Leucorrhœa—Hæmoptysis.*—Mrs. C., a widow, the mother of three children, the youngest seven years of age; presented herself October 25th, with the following symptoms, which had existed the last three years;—pain excessive in the back, over the hips and down her thighs, with a sense of pressure downwards in the pelvis; leucorrhœa very profuse; menses every third week, trivial in amount and lasting three days; no derangement of stomach or bowels, or any want of flesh, blood or constitutional power in the patient. She had raised blood for the last two years; generally before, during or after her turns, but occasionally between while. Dr. H., a saccharine doctor of this place, had attended her for many months. He practised the *motions* of auscultation and percussion, and stated that her left lung was gone. A suspicion of uterine trouble never entered his mind.

On examination, the chest was found free from disease—perfectly normal in every respect—but the os uteri was surrounded by a broad circle of granulations, resembling those on a weak ulcer on external parts, but smaller. These granulations were slightly raised. The uterine neck was puffy, enlarged, and gave issue to a thick tenacious mucus from its cavity. The glandulæ Nabothi, evidently implicated, were, probably, first inflamed, and from them the disease had crept outwards upon the vaginal portion of the neck.

This patient was treated every fifth day by scarifications, for five weeks; when the annoyance of her local symptoms disappeared, and the leucorrhœa almost ceased. The remaining vaginal discharge was now entirely cured by injections of borax and water. The granulations of the uterine neck were removed; but it still remained puffy, with its orifice red, patulous, and discharging glairy mucus. From this time the treatment consisted of occasional scarifications, with the insertion of a strong caustic solution into the external os, as far as the internal. For some part of the time the patient took the pyrophosphate of iron. There has been no pulmonary hæmorrhage since the commencement of the treatment. Her courses became free and natural in amount, excepting once the present month, when they were excessive—probably a compensation for the loss formerly sustained from the lungs. Dismissed cured, Dec. 16th.

CASE V. *Ulceration of Os Uteri—Leucorrhœa (Uterine and Vaginal)—Hysteria.*—Mrs. L., aged 30 years, the mother of three children, of which the last two were twins, dead born eleven years since; came to the College Nov. 1st. Her present symptoms, dating from her last confinement, are as follows:—wildly nervous, hysterical, sees and hears things at night that do not exist; severe suffering through her back, and pressure in the pelvis; whites copious; turns every third week, and very free. To the casual observer, she would be looked upon as well; as she is not deficient in flesh or blood, and takes her food with a relish; at the worst, she would be considered one of those troublesome, hysterical cases, to be amused with antispasmodics until the change of life came to her relief.

By the speculum there was found a copious yellow secretion in the vagina, and a raised margin of granulations on the posterior lip of the os uteri. For a tonic and nervine, the pyrophosphate of iron was administered. The ulceration was scarified five times every sixth day, and then touched with the solid caustic. The latter part of the treatment consisted of the introduction of a caustic solution into the cavity of the cervix. As the granulations disappeared, a uterine leucorrhœa was more observable, and a small, nipple-like growth, probably polypoid in its character, on the posterior rim of the os.

The patient, Dec. 30th, is well of the ulceration and the uterine and vaginal leucorrhœa, but there remains this growth, which is now under treatment by the acid nitrate of mercury.

Case VI. Mrs. C., aged 30 years, presented herself at the Hospital Nov. 4th. She had miscarried three times, and had six living children. Her two last pregnancies went to the full time, and her youngest child was now four months old. Her present symptoms dated as far back as six years. After her fifth child, she commenced treatment by means of the speculum, under the late Dr. Isaacs, of this city; but, at his death, all medication was discontinued. She reported that the doctor found the neck of the womb ulcerated, for which he applied caustic on two occasions. Since then, she has carried and been confined with her sixth child.

*Symptoms.*—Patient is pale, thin, nervous, debilitated; feels exhausted; has no appetite, energy or constitutional power, and has the usual painful sensations through her back and pelvis. The most acute agony is experienced at the introitus vulvæ on touch. Leucorrhœa is profuse, thin and yellow. Her menses, at the intervals between the fourth and fifth, and the fifth and sixth pregnancies, had been too frequent and free.

On examination there was found a vascular tumor at the meatus urinarius, the size of a pea; a small venous aneurism by anastomosis on the cutaneous surface of the right labium, that arose during one of her labors; copious purulent secretion in vagina; follicles of mucous membrane elevated and enlarged; neck of uterus congested and inflamed, and the os uteri surrounded by granulations, that are slightly raised above the surface. The inflammation of the uterine neck presents a dark, venous, purplish look.

A ligature was applied around the aneurism, and also to the vascular tumor. The base whence arose the tumor was then touched with the solid caustic. The ulceration was scarified the first five visits, and subsequently touched with caustic. Near the close, the treatment consisted in caustic applications to the cavity of the neck. The constitutional treatment was tonic, consisting of bitters, quinine, iron and good food. The child was not weaned, as it was thought the treatment was competent to effect a cure in spite of this drawback.

As in all the other cases, the relief to the symptoms from the scarifications was marked and decided from the first. The leucorrhœa and ulceration were gradually removed; the former in four, the latter in five weeks. After five scarifications, the caustic was applied to the ulceration, and then for several times introduced into the cavity of the neck. She was discharged, Dec. 28th.

Probably the vascular tumor will return, as the site of its growth is still somewhat sensitive, and has a red and vascular appearance.

CASE VII. *Ulceration of Os Uteri—Leucorrhœa—Anæmia—Amenorrhœa preceded by Menorrhagia.*—Mrs. G., aged 32 years, the mother of six children, of which the youngest is two years and three months old; came to the Hospital Nov. 6th. She had been complaining in the present way ever since her last confinement, and had taken a variety of medicines without any benefit. At first her monthlies were too frequent and copious, amounting to a flooding, which greatly prostrated her and produced anæmia and debility; for the last six months she has not been unwell, excepting once, four weeks since, when the discharge was very profuse. The debility of the patient is so great, that she walked with difficulty to the Hospital, and nearly fainted after the scarification. By the speculum it was discovered that there was a copious secretion in the vagina, thin and yellow; that the neck of the womb was congested, extensively ulcerated, but with no loss of substance, and that a tenacious, jelly-like substance was issuing from the os tincæ.

As in the last case, the treatment consisted of tonics, nourishment and scarifications, the first visits; followed by caustic to the cavity of the neck, near the close of the treatment. The scarifications relieved the local symptoms promptly, and the general health became much improved. Her turns came on Nov. 8th, and were natural. In this, as in all the other cases under this mode of treatment, the patient expressed herself feeling well some time before the ulceration and uterine leucorrhœa were entirely cured. Jan. 2d, She has recovered from her uterine disorder, and is taking iron and bitters for her general health, which had become greatly impaired.

CASE VIII. *Ulceration of the Os Uteri—Leucorrhœa—Menorrhagia.*—Mrs. W., aged 30, the mother of one child two months old, which she is now nursing; came to the clinique Nov. 13th. Since her confinement, she had not been free from a bloody discharge for more than a week at a time ; and this discharge was, mostly, very free, like a flooding, making her faint and weak. She is anæmic, thin, emaciated, nervous, and has an anxious countenance, expressive of suffering and prostration. She has great weakness, dragging over the hips; and a cutting, bearing-down pain in front, often of a darting character. Her appetite is good, but her bowels are torpid.

By the speculum, it was found that there was, now, no bloody discharge, but an abundant, yellow, muco-purulent one; that the os tincæ was patulous and jagged, as though injured in labor, and surrounded by a crop of granulations as large as a pin's head.

Her treatment consisted of laxatives, tonics, and the same local applications as in the other cases. The scarifications had little effect on the granulations, though they bled more freely than usual. The acid nitrate of mercury and the solid nitrate of silver were each used once, with a like result. From the 6th of December we simply employed the caustic solution, inserted into the cavity of the cervix, without any other application; when improvement rapidly took place. In this case the scarifications removed the painful uterine symptoms and the uterine and vaginal discharges. It was not found necessary to wean the child.

Jan. 11th, 1862, dismissed, cured.

Case IX. *Ulceration of Os Uteri—Debility—Leucorrhœa.*—Mrs. G., aged 34, the mother of three children, the youngest three years of age; came to the Hospital Nov. 15th. Symptoms:—great debility, anæmia, loss of flesh, poor appetite, copious leucorrhœa, and great stress and forcing down in the pelvic region, which caused her to apply on account of falling of the womb. The uterine symptoms had tormented her ever since the birth of her first child, eight years since; and gradually her health had given way. A small granular ulcer was found on the os uteri, but no uterine leucorrhœa or swelling of the neck. The case was treated in the same manner as the others that were anæmic, with the same result in eight weeks' time.

Case X. *Ulceration of Os Uteri—Menorrhagia—Leucorrhœa—Debility.*—Mrs. B., aged 25, married eight years, but childless; came to the clinique Nov. 19th. Her menses, before marriage, were normal, but since, most of the time, especially the last two years, of longer continuance and more frequent than natural; lasting for ten days, and recurring every second week. She has a copious, yellow discharge from the vagina, wetting her clothes; weak back, general debility, haggard expression, dark circle around her eyes, feeble pulse, sluggish bowels, foul tongue, yellow adnatæ of the eyes, and frequently vomits bitter and acid matters from the stomach.

By the speculum, the os tincæ was seen to be slightly more open, with a deep red circle of inflammation that evidently extended into the cavity of the cervix.

The stomach was corrected by blue pills, laxatives and vegetable bitters, and then her strength was promoted by quinine and animal food. The local treatment was the same as in the other cases.

From an oversight in filling my notes, I am unable to state whether this woman, who came three or four times, discontinued her visits or was dismissed cured.

Case XI.—Mrs. M., aged 40 years, the mother of five children, the youngest of which is 19 months old, was sent from New York by Dr. ——, Nov. 28th, for a diagnosis. She thought herself pregnant, from the fact that her courses had ceased the last two months, and she had the feelings, which she usually experienced at such times, together with nausea and occasional vomiting. She had always been healthy up to the last year, during which time, from overwork, as she supposed, her health broke down.

*Symptoms.*—Great nervousness; excessive pain, both back and front, of a dragging character; uterus, tender to the touch, and a yellow discharge from the vagina of a very bad odor.

By the speculum, there is discovered a purulent bloody matter issuing from the os tincæ, which has a jagged, ragged, granular, purplish look. This condition, together with the open, patulous state of the os, presenting everted granulations from the cavity of the neck, showed evidently that the glandulæ Nabothi were affected and had been the seat of a small abscess that had arisen from the inflammation. A diagnosis in accordance with these facts was sent to the Doctor, and the treatment by scarification and caustic recommended.

Case XII.—*Inflammation of the Neck of the Uterus and of the Vagina—Pruritus.*—Mrs. S., 43 years of age, the mother of nine children, the youngest of which is 7 years of age; came to the Hospital Oct. 8th. She is fleshy, full-blooded, and evidently given to beer-drinking. The change of life occurred four years since. She stated that I attended her a year ago for an ulcerated womb, which was cured; and that she had remained well until three months since, when her present symptoms commenced. These are, pain, dragging, pressure in the back, over the hips and down the pelvis, soreness in front, great tenderness in vagina, copious yellow discharge and pruritus.

By the speculum, the introduction of which was very painful, the vagina and neck of the uterus were found to have a dark purple look and to be most intensely inflamed. The neck seemed to be a mass of congested capillaries, which had become atonic and dilated.

Scarifications were tried the first three weeks, with the effect of rendering the condition of the parts much worse; when observing a scurvy of the gums, particular directions were given to discontinue all alcoholic drinks. Several cooling purges were administered, and the treatment by the nitrate of silver commenced. This was applied through the speculum. The strength of the solution was from fifteen to thirty grains to the ounce of water. The improvement was gradual, but continuous, and at the present time—Feb. 12th—the inflammation is removed and the parts have returned to their natural condition. A leucorrhœal discharge remains, for which she is now using borax in solution.

Case XIII.—Mrs. C., a widow, the mother of three children, has missed her courses for one year. She is 30 years of age, apparently healthy, and has no marked symptoms except dizziness and occasional blindness. This case was dismissed, as no speculum examination was allowed. Uterine disease was suspected.

Case XIV.—A young woman, having her second husband, presented herself Nov. 19th, with the usual symptoms of uterine ulceration, but would not permit an examination. She was dismissed.

Case XV. *Uterine Leucorrhœa—Sterility.*—Mrs. T., married eight years, never impregnated; came to the Hospital Nov. 7th. She looks unhealthy, has a pasty, sallow countenance, and a dark circle around her eyes; is debilitated; suffers from weariness and weakness in the back, and has considerable pain during menstruation. Her courses are normal, but rather scanty.

By the speculum, it was found that the os uteri was plugged by an albuminous secretion, very tenacious and abundant. This was undoubtedly the cause of her ill health and unfruitfulness. As the inner os uteri did not admit the sound, the sponge tent was inserted into the cavity of the neck, through the outer os, with the design of dilating the passage and then applying the nitrate of silver, which, it was thought, would remove the super-secretion of the glands of Nabothi, and thus the bad health and the uterine leucorrhœa be remedied at the same time. This patient did not return.

Case XVI. *Narrowing of the Cavity of the Cervix—Dysmenorrhœa—Sterility.*—Mrs. M., aged 26, married six years, but without children; presented herself for advice Nov. 8th. She has a healthy appearance, but suffers great pain during menstruation. The speculum revealed the os uteri, looking like a pin's point, into which the uterine sound would not pass. The cavity of the neck was completely dilated in four weeks, at first by a fine bougie and then by sponge tents. The next menstruation was nearly painless. Whether or not impregnation will take place, remains to be seen.

Case XVII.—*Uterine Leucorrhœa.*—Mrs. S., aged 30, the mother of one child six years since; came to the Hospital Nov. 19th. She has not felt well since the birth of her child; is languid, lifeless, and has a weariness and sense of fatigue through her back. The woman is fleshy, not anæmic, has a good appetite, is not constipated, and her menses are regular and sufficiently free.

By the speculum, a copious, clear secretion, in great quantities, was seen to issue and hang from the os uteri. The neck of the uterus was enlarged, and of a pale color.

This case was treated by applying a caustic solution to the canal of the cervix, and dismissed, cured, Dec. 18th.

[To be continued.]

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The *Union Médicale de la Gironde* states that a young soldier in the French army lately had his arm removed at the shoulder-joint for gangrene brought on by tattooing. He was literally covered—fingers, arms and chest—with fanciful tattooings, made in hospital whilst he was under treatment for rheumatism.

# ON THE CORROSION OF ZINC-COVERED OR "GALVANIZED" PIPES WHEN USED FOR CONDUCTING WATER.

By A. A. Hayes, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Iron pipes covered with a firmly-adhering surface of zinc more or less pure, have been used as conduit pipes, under the received supposition that the zinc, by its polarizing action from contact, will preserve the iron from corrosion, in the act of itself suffering oxidation. As the oxide of zinc, formed under some circumstances, adheres to the metal and incrusts it with a body not soluble in water, it has been assumed that water, passing through such pipes, would not become contaminated by either iron or zinc oxide.

Some months since, I analyzed some well-water, which had produced a white deposit in the culinary vessels in which it had been boiled, and was itself turbid. The deposit proved to be oxides of zinc and iron with organic matter, and the water held suspended and dissolved organic salts of both these metals. On learning the fact that the pipes had not been long in use, a request was made that suitable precautions should be taken to avoid using the water in preparing food; and by ensuring a large flow of water through the pipes continued for several weeks, the possible formation of a protecting surface was expected. But after long exposure in this way to much water drawn from the well, analyses of the water in the pipe and that in the well did not indicate any diminished action on both the metals. The zinc exposed to this water, not only dissolved in it, but lost its usually observed power of protecting the less oxidizable metal in contact with it, and the quantity of salts formed from both metals was so large as to render it unfit for general domestic use.

Some weeks later, I received a sample of water from a more distant town, the purity of which was suspected, and this was found to contain organic salts of zinc and iron also, although colorless and transparent. In this case the galvanized pipe had been longer exposed, and symptoms of anomalous disease in the family consuming the water, led to the chemical trials. The acid present in both salts appeared to be the crenic, and, in one case, traces of ammonia were found, constituting a compound salt. When the water was boiled, especially in metallic vessels, a white deposit of oxides of zinc and iron, with altered organic matter, appeared, but long-continued ebullition was required to ensure complete decomposition of the salts.

The observed loss of protection in this exposure was deemed a point of much interest, for I had repeatedly examined iron boilers protected from corrosion by zinc surfaces, and have recommended this resort in numerous cases within the last thirty years, under varied circumstances, where the protection seemed to be nearly complete.

Mentioning these facts to my friend, Dr. Samuel L. Dana, of Lowell, he informed me that zinc surfaces failed to protect iron surfaces exposed to the flowing water of the Merrimac River, and showed me the results of such trials; the iron being much corroded both near by, and remote from, the protecting metal.

As the kinds of well water which acted on the zinc and iron in these cases are quite common in every part of New England, it seems doubtful, in a sanitary point of view, if such pipes are proper for conducting water generally; for even when care is exercised, the metals dissolved in the water will surely be found in the food partaken of by families thus supplied.

I am aware that many persons consider both zinc and iron compounds, when taken into the system, as not actively poisonous, if even harmful; compounds of iron, especially, being found in the system. The chemical fact of the most importance in this connection is, that the compounds of iron naturally found in the system, are derived from compounds of iron existing in the food by the simplest transformation, and that other forms of combination will not supply these, and are active extraneous bodies, which leave their marks on the stomach tissues.

In illustration of the activity of an iron salt when the dose is very minute, the effects of chalybeate waters may be instanced, and there are few medical men who have not witnessed the most surprising changes in the system induced by these, even where the ordinary preparations of iron have failed in their action. Now, in most of the ferruginous waters, it is the crenate of the protoxide of iron which occurs—the same salt which the galvanized pipes produce—while the zinc is not found as the well-known oxide, but in the state of an active salt corresponding to the iron compound, and has no claim to consideration as a body forming healthy secretions.

*Boston, February,* 1862.

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## PYROPHOSPHATE OF IRON.

By James R. Nichols.

[Communicated for the Boston Medical and Surgical Journal.

Prof. Chapman's valuable paper upon the citro-ammonio-pyrophosphate of iron, published in the Journal a few weeks since, has awakened an unusual interest among physicians, and led to a large demand for the salt. Modern chemistry has given to the world many new compounds, some having names so truly formidable, that they are not a little puzzling to medical gentlemen, especially those whose chemistry was learned in the schools of a quarter of a century since.

It is not a matter of much surprise to find an excellent and venerable physician ordering *pyrotechnate* of iron, when we consider the unfamiliar name of the desired agent, and the haste to procure it, induced by the warm praise bestowed by Prof. C. Neither do we wonder at the inquiries of another, who wishes to know if the new sanitary pyrotechnic is not dangerous, or liable to spontaneous combustion, as *pyro* means fire, and phosphorus, a prominent constituent, can hardly be kept from setting one's saddlebags in a blaze unless protected by water.

It is important that names, and therapeutic agents, should be precisely understood. Pyrophosphate of iron, correctly speaking, is the white precipitate formed when a solution of tersulphate of iron ($2Fe, O_3, 5SO_3$) is added to another of bibasic phosphate of soda ($PO_5, 2 Na O$). As a dry white powder it has been to some extent sold as pyrophosphate of iron. The salt described by Prof. Chapman, and which is inquired for as pyrophosphate of iron, bears physically no resemblance to this article, and as regards chemical constitution varies widely from it, it being only one of its constituents. The citro-ammonio-pyrophosphate of iron, as described in the Journal, affords scales of a beautiful light-greenish color, but if a slight amount of ammonia is added to the solution, a reddish-brown color is produced, and the dried scales are made exactly to resemble those of the citrate, or tartrate of iron. A salt of this description is in the market, called pyrophosphate of iron. The medicinal effects of this preparation would in no respect differ from the other, but its physical character is so unlike, that confusion and doubt are liable to arise from similar agents existing under dissimilar forms.

It will be understood that the shops afford three distinct articles—one a dry white powder, another in brilliant green scales, and still another in red scales—all of which pass under the general designation of pyrophosphate of iron. To avoid very long names, and secure uniformity of physical aspect, I would suggest that medicinal pyrophosphate of iron be regarded as the preparation obtained by dissolving the moist white precipitate, before alluded to, in an exactly neutral solution of citrate of ammonia, or soda, and which affords scales and syrup of the elegant greenish hue. There are some apparently valid reasons why soda should be introduced into the preparation rather than ammonia.

The earthy portion of bones is essentially a tribasic phosphate of lime, and the principle of blood which affords an alkaline reaction is a tribasic phosphate of soda with two eqs. of fixed base and one eq. of basic water ($PO_5, 2NaO HO$). The chief salt in the juice of flesh and in the gastric juice, is a tribasic phosphate of potash, with one eq. of fixed base and two eqs. of basic water ($PO_5, KO, 2HO$). No one can doubt, that each of these peculiar phosphates has important functions to perform in the animal economy, and their presence in abnormal quantities may be fruitful sources of disease. Soda performs a much more important part than potassa, inasmuch as it is found directly in the circulation. The principal salt in the blood to which it owes its peculiar power of absorbing and giving off carbonic acid, is a tribasic phosphate of soda, as has been stated, and therefore it may be as intimately connected with vitality and health, as iron. To what extent vital force is capable of breaking up complex salts directly administered, and forming new ones adapted to the wants of the system, is a point upon which we need information. We also need more light as regards chemical agents, or combinations best adapted to effect certain morbid conditions of the animal economy: The phosphatic salts certainly play a very important part in the chemistry of life, and that with the soda base is particularly prominent. Hence it is inferred, that when we desire to introduce a salt of phosphoric acid as a remedial agent, and it becomes necessary to associate therewith an alkali, soda or potash should be selected in preference to ammonia, as this latter is not found in the blood or tissues, and is only formed from their decomposition and decay.

In the phosphatic iron salt under consideration, it would seem preferable to use soda with the citric acid in rendering the same soluble. Citrate of soda dissolves the freshly-precipitated pyrophosphate of iron as readily as the ammonia salt, and the resultant scales and syrup are equally as beautiful and tasteless.

The pyrophosphate of iron under consideration, is a sesquioxide salt, and what degree of ready assimilability it may possess, is not as yet, I presume, fully ascertained. Doubtless, it is a valuable agent, but how much more so than the numerous other sesquioxide combinations of the metal, can only be learned from extensive trial. Its freedom from unpleasant taste is certainly in its favor.

When it is desirable to administer phosphorous compounds with iron, I am inclined to think a lower oxy-salt of the element, with one of the iron containing also a less amount of oxygen, is to be preferred. The hypophosphite of the protoxide of iron, in the form of syrup, is a stable compound, and possesses the least possible ferruginous taste. In the limited trials to which it has been subjected, it has proved to be remarkably prompt in its tonic and chalybeate influence, and indeed we should expect this, from what we positively know of the behavior of mineral salts under the influence of vital chemical action.

The pyrophosphate of iron, as Prof. C. suggests, is best given in the form of a thin syrup, which may be prepared from the original solution, as made ready for drying. That containing eight grains of the anhydrous, or fifteen of the combined salt, to the fluid ounce, given in teaspoonful doses, affords about the requisite amount for adults.

*Boston, March 1st*, 1862.

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# Army Medical Intelligence.

## Richardson's Brigade, Va.—Letter from Surgeon Geo. B. Willson.

[Communicated for the Boston Medical and Surgical Journal.]

*Headquarters 3d Michigan Infantry, Richardson's Brigade,*
*Camp Michigan, Va., Feb. 25th*, 1862.

Though our army still preserves its state of "masterly inactivity," and the officers of the line have little else to do than smoke cigars or doze over *Scott's Tactics* or the *Life and Adventures of Tristram Shandy*, it is far otherwise with those of the Medical Staff. They may well sing the ballad of the henpecked husband :—

> "Brawling and squalling it is her whole delight,
> And she bangs me with the fire-shovel round the room at night."

Theirs is an endless task, without Sunday or holiday—a continual drag ; and like a man with a loaded wheelbarrow, no matter how hard he works the load is ever before him. The life of man has been compared to a web, and the comparison is well borne out in ours. We weave away from day to day, ever repeating the same pattern without the variation of a single figure. If there be anything more dreary and monotonous than a treadmill, it is camp life. The same sights, sounds, drum beats, roll calls, uniform, faces, duties—everything repeated day after day. If this continual repetition of the same round be war, I doubt not some ingenious Yankee will one day invent a great war machine to go by steam and perform the whole operation; for this constant repetition of the same thing is but a mechanical action throughout.

Well, you desire to know whether the rust of idleness has eaten into our joints and carried off its quota of prey. No, no, we are not all idle: there are two classes of ever active, ever working and ever contending agents, even in this dull camp—the diseases and the surgeons. We have our engagements every day, with our onsets and repulses, our advances and retreats, our victories and our routs; though we issue no large capitalled bulletins to announce them.

The health of the Brigade, during this month, has been more favorable than during January. Although the number of cases taken sick is greater, the average duration of cases is so much less that we have a balance in favor of February up to this time. It is interesting to observe the similarity of cases occurring about the same time here, where similar food, air, exercise, and the like, are taken by all. Not only are the diseases the same, but in perhaps ten or fifteen in one day the same symptoms will be in the ascendancy at one time; so that after having examined one man, and ascertained the disease and what symptoms are most prominent or most complained of, we may sometimes go right on, and tell each succeeding one with the same complaint what pains or aches he suffers most from, without asking any questions. The external conditions would therefore seem to have a much greater influence in shaping the disease, than temperament, age or constitution. For instance: since the beginning of the month, there had been occasional cases of intense cephalalgia, periodic in character, having the onset of the exacerbation commencing about 8, A.M., and reaching its acme about 10, A.M. It yielded in every case to quinine and morphine, but never in less than two days, though I gave some quite large doses. The cases kept increasing in number gradually till the 20th, when at sick-call some four or five new cases presented. On the 21st, out of a sick list of 64, there were 23 cases of this form of headache, with the additional accompaniment of nausea and constipation. The headache was most agonizingly severe; so much so, that I found several of the men whom I visited at their quarters lying in bed and crying like children from the acuteness of the pain. On the 22d, only about half a dozen new cases came in. On the 23d, 24th, and to-day, 25th, there were none; so that it seems to have left us entirely, on short notice. Those who have had it most severely, describe the pain as being far beyond anything they had ever felt before, or even could previously conceive. In all these cases, the same accompaniments were present, in about the same ratio to each other, in all that occurred on the same day.

One of the first cases that occurred came under the care of the Surgeon (Dr. Bliss), who prescribed for him for two days; but finding on the third day that the pain was aggravated, he ordered him to hospital, and bled him. This gave instant relief, but the pain returned on the fourth day with equal severity. I found him groaning and weeping, when I visited the hospital after sick-call. I ordered him four grains of quinine and one of morphine every hour till relieved. In his case the pain usually lasted about five hours. The second powder gave relief, and then the same dose was repeated every four hours. That was the last of his pain ; he left hospital next day, well.

In some of the cases, I administered Fowler's solution, which I often use in periodic diseases, and it succeeded quite as well as the quinine and morphine, with the exception of not giving relief during the paroxysm. I also tried thorough emesis in a few cases, giving antimony and ipecac, so as to act afterwards as a cathartic. I found that on the following day the paroxysm was not so severe. I then repeated the emetico-cathartic, but without further beneficial result. Twenty-four hours, however, on quinine and morphine, in those cases sufficed, whereas in the other cases it had to be kept up for two or three days—except that in which the patient was bled.

During the month of January, the men began to be troubled with boils, and that visitation is not yet over with, although but comparatively few cases occur now. One regiment of the Brigade (the 5th Mich.) has had an epidemic of measles, a few cases resulting fatally. One case of variola also occurred, but the proper preventive measures have prevented its spreading. Another of our regiments (N. Y. 57th) had a very interesting case of gun-shot wound of the back, with perforation of the colon, the ball being found, after death, in the cavity of the pelvis. The patient survived several days, under the care of Surgeon O'Meagher ; but as he intends to report the case, I need not anticipate him.

We have had a case of gun-shot wound of the arm in this regiment, occurring accidentally, the muzzle of the gun being within ten feet of him when it was discharged. The ball passed through the arm in nearly a direct transverse course, entering in front about two and a half inches above the bend of the elbow, and passing out behind. It fractured the humerus at that point, and tore the lower fragment completely from the joint, leaving it loose in the flesh without a particle of ligament attached. The accident occurred when on picket, near Pohick Church, and the arm was amputated two days afterwards—the 4th current. I thought it a good case for exsection, but counsel differed. The stump is doing well—there is but one ligature yet unremoved, and the wound is more than half healed.

I had another similar case on a smaller scale. A negro boy, while handling a pistol, discharged the bullet (about the size of a buck-shot) through his hand, fracturing the metacarpal bone of the middle finger about half an inch from the distal extremity, and tearing it loose from its ligaments. I extracted the piece and dressed the wound with lint, directing him to use plenty of cold water. It has healed up nearly quite well now. The ball did not pass directly back, but entered between the metacarpal bones of the index and middle fingers, and escaped between those of the middle and ring finger ; so that the tendons, though injured, were not completely divided. His hand will be as good as ever.

The mean strength of this regiment for January was 912 men. During the month there occurred 249 cases requiring medicine. Of these, 1 died of typhoid fever, and 2 were discharged on certificates of disability.

Diseases of the respiratory organs were more prevalent than any other class. The record of this class is—catarrhus, 30 ; pneumonia, 10 ; bronchitis acuta, 9. All other diseases of this class, 26. Of the class styled "Diseases of the Organs connected with the Digestive

System," there were 57 cases. Diseases of the fibrous and muscular structure, viz., rheumatism and lumbago, 21. Of the circulatory system, only 3. Of the brain and nervous system, 11. Of the urinary and genital organs, 7. Abscesses and ulcers, 13. Wounds and injuries, 10. Of the eye, 2. Of the ear, 10. Skin diseases, 5. Fevers, 36 ; viz., febris continua communis, 4 ; intermittens quotidiana et tertiana, 26 ; febris remittens, 4 ; typhoides, 2.

At the end of the month we have (of the 249 cases taken sick) 17 in hospital and 27 in quarters ; the rest returned to duty.

It is amusing to think of the notion that prevails in the community out of the profession with regard to army surgeons. People think that such surgeons must of course know everything ; whereas, it is a matter of surprise that they know much at all. They have no variety of practice, or of remedies. It is next to impossible for them to learn anything of therapeutics, tied down as they are to the use of a little more than a dozen of the oldest and most common drugs. As physicians, they must inevitably fall far behind the general civil practitioner ; and, even in surgery, except they have a " windfall " in the shape of a battle, they see little or nothing of operative surgery. I would see more operative surgery in one month at home than I have seen since being here—now about four months. Even medical men have a mistaken notion on this point, which five minutes consideration would rectify ; and now I wonder at my own stupidity that I entertained it so long.

Our regiment had a skirmish yesterday, but none got hurt. The 37th N. Y., however, had two men wounded, but I have not learned how severely—yes, one is reported dead. We go to picket to-day ; mayhap we shall have a brush. Farewell. GEO. B. WILLSON,

Late of Port Huron, Mich.

## PASSAGE OF THE 12TH MAINE REGIMENT TO SHIP ISLAND.

[Communicated for the Boston Medical and Surgical Journal.]

*Ship Island, February* 13*th*, 1862.

MESSRS. EDITORS,—With this I enclose a copy of the report of the sick in the 12th Maine regiment for the month of January, hoping it may prove interesting to the many readers of your JOURNAL.

Febris congestive, 12 ; febris continua communis, 14 ; rubeola, 118 ; diarrhœa acuta, 39 ; diarrhœa chronica, 12 ; dysentery acuta, 2 ; gastritis, 1 ; tonsillitis, 9 ; bronchitis acuta, 19 ; pneumonia, 9 ; dysuria, 2 ; nephritis, 1 ; orchitis, 1 ; syphilis, 2 ; rheumatismus acuta, 11 ; debilitas, 2 ; accidental wounds and injuries, 8.

We left " Camp Chase," Lowell, Mass., January 2d. After review on Boston Common, embarked on the steamer Constitution, in company with the Eastern Bay State Regiment.

The day was one of the most inclement of the season ; and from this, and subsequent exposure on shipboard, originated our cases of congestive fever, rheumatism and tonsillitis. The treatment pursued was chiefly sedatives ($\frac{1}{8}$ gr. doses ant. et potassæ tart., gtt. iv. ; fluid ext. veratrum viride, p. r. n.), and counter-irritation, by sinapisms or cantharides. The patients convalesced kindly. We remained on board the steamer, daily expecting orders, till the 13th, when we sailed for Fortress Monroe. On the morning of our departure, two cases of rubeola made their appearance, which were sent immediately to the hospital at Lowell. The third case appeared on the second day out, and was isolated as well as circumstances would allow.

When we arrived at Hampton Roads, the troops (more than two thousand in number) having been on board sixteen days, it was considered absolutely necessary to debark them, and have their quarters thoroughly cleaned. (There had been daily inspection of quarters from the first, and the ship kept as cleanly as possible while the troops were on board.) The day of debarkation was fine, and the air so spring-like that many of the men bathed in the surf, but with night came a rain, and high winds, by which many of the tents were blown over, and most of the men got a thorough drenching. Such was the prelude to the 118 cases of rubeola, which followed in rapid succession.

Our hospital was on shipboard (as we had a few cases we dared not remove to the shore), and as, during the succeeding stormy days, the sea ran so high that communication with the shore was effectually cut off, many of the sick were kept in the tents two days after the appearance of the eruption. The treatment pursued was expectant. Pneumonia and bronchitis supervened as sequelæ. Treatment—venesection, sedatives, counter-irritants and expectorants. Three of the former died; the remainder were convalescing slowly when we left. After two days' sail from Fortress Monroe, the change of climate hastened the convalescence of the sick. The genial southern air, as it came through the open ports, wonderfully soothed the irritated bronchi, so that, after being two days out, it was as rare to hear a cough, as before it had been frequent. We have had, since embarking from Boston, to date, nearly three hundred in hospital, but three only have died. Thirty remain in hospital, and nearly all are convalescing. The remainder have been returned to duty.

Considering the unprecedented length of time we have been on board (forty-one days), the numbers crowded together, and the change of climate, it is certainly remarkable that the troops are in so good condition at the present time. Respectfully yours,

JAS. H. THOMPSON, *Surg. 12th Reg't Maine Vols.*

## GUN-SHOT WOUND OF THE RECTUM—SEVERE CASE OF SYPHILIS.

[Communicated for the Boston Medical and Surgical Journal.]

*Washington, D. C., Feb. 22d,* 1862.

MESSRS. EDITORS,—I should have written to you before, had not my own ill health prevented. You will perhaps remember that, among my first letters, I gave you an account of a gun-shot wound of the rectum, the ball fracturing the ramus of the ischium, &c. When I last wrote you of it, the patient was doing well, and moving about with comparative facility. Soon after, the wound in the thigh re-opened, and suppurated constantly, keeping the patient in bed and bringing him near to his grave. Compressed sponges were introduced, with the hopes of bringing away loose pieces of bone, but in vain. Feb. 19th, the patient was placed under the influence of ether, and an incision three inches in length made just inferior to the wound, and carried down to the bone. The result was, that seven pieces of necrosed bone were removed—two of them as large as an almond, the remaining five smaller. The wound was then plugged with wetted lint, and the patient placed on generous diet and iron, and whiskey and quinine given daily. To-day he is doing admirably. The wound suppurates but very little, and the patient is in a fair way to recover. I will let you know of the ultimate result.

We have had here one of the severest cases of syphilis I have ever seen. The patient, W. S., of the N. H. 2d Reg't, was admitted early in September, 1861. Copulation took place July 20th. Previous to admittance, he had been under the care of several of that class of practitioners calling themselves physicians for venereal diseases, who so abundantly curse this part of the country, and as a matter of course was getting worse. When he entered, he had twenty-nine ulcers on his body and limbs, ranging in size from that of a bean to that of an egg. The glans penis was entirely gone, and all here visible was a dirty sloughing ulcer. He was immediately placed under use of quinine, iodide of potash, iron, and spirits. The penis was freely painted with nitric acid, and simple cerate applied to the ulcers. In the course of time new sores appeared, and others went away. Blue mass in large doses was substituted for the potash for two weeks, when it was discontinued, and the potash again used. The sores were all dressed with an ointment made of simple cerate and sulphate of iron. All this time the patient was unable to leave his bed. His hair came off, and the nails from his toes. The odor was disgusting. His knees became anchylosed—also his right elbow. A large sore was on his nates, covering a space not less than eight square inches. From Jan. 18, 1862, a steady improvement has progressed, and to-day the patient is walking about, with no anchylosis, and no sores. He bears on his person no less than *ninety cicatrices* from this terrible disease.

In my next I will give you an account of an amputation of the thigh, after compound fracture of five months standing.

Yours truly, E. R. Hutchins.

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The following letters, also from the seat of war, will be found of interest :—

*To the Surgeon-General.* Roanoke Island, Feb. 10th, 1862.

Dear Sir,—I have only time to say that we have had a *victory*. My own experience has been thus :—Landed in small boats Friday night, after the gunboats had shelled the batteries. Rain; cold; bivouac; no sleep; marched through a shaking bog, with water to knees. Saturday morning, at 7, marched up the Island, 25th Mass. heading, 23d Mass. following next. By 8 we heard firing. Soon the order came—" double quick." Next I found Drs. Rice and Temple at the side of the road, assisting the wounded. I stepped aside to help, and a ball whizzed among us, striking down Dr. Rice. I believe his revolver was struck, and the ball glanced. He was not seriously hurt, but was carried or helped to walk to the rear. I then established myself, clearing a space for work, and sent my corps, whom I had marked with red flannel on the arm, to assist with stretchers. In five minutes I had a half dozen wounded men. Was soon joined by Drs. Temple, Hosack, Buck, and another from Pennsylvania, also Dr. Thompson, the Brigade Surgeon. Our position was nearest the field, and consequently we got the most. No regard was given to regiments; we worked on all who came. Drs. Otis, Douglas and Stone were on board their ships by order. Dr. Rice was disabled, and in the rear. I amputated at the arm; extracted numberless balls; several grape, one inch in diameter. There was but little hæmorrhage. As rapidly as possible after the wounds were dressed, the men were sent to a house on the beach, one and a half miles distant, by order of Dr. Thompson. At 12, I was left in charge by Dr. T., with orders to clear the ground of the wounded. This I accomplished in three hours more, leaving five dead on the ground. Then came a weary, weary tramp through the captured fort, after the regiment—my hospital corps with me—six miles in mud and water and rain. At 6, reached the main body. Expected to be a second night on the ground, without blankets or tents, but found comfortable barracks, and no enchanted castle in fairy tales ever seemed so inviting. We there found a welcome, with rejoicing and congratulations. The victory was complete—the whole force captured, with all other things, of which the papers will tell you. I cannot report the number of killed and wounded. We are seven miles from the hospital, which is under the supervision of Dr. Church. I have no more time. Always truly yours,

G. Derby, *Surgeon 23d Regiment Mass. Vols.*

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*To the Surgeon-General.* Lebanon, Ky., Feb. 18, 1862.

Dear Sir,—* * * * * * I had been some time in receipt of my commission as Brigade Surgeon, and was quite anxious to know what was to be the future field of my operations. When at last released, all visions of a civilized life for a week or two were dispelled by the receipt of an order directing me to immediately report for duty to Gen. Buell, Commanding Department of the Ohio. I at once sold horses, packed up and was off. Received the order Saturday evening, and was on my way Sunday evening. Arriving at Louisville, I bought two fine greys, and was hastened forward to Gen. Thomas, whom I reached 75 miles from land, in a sea of mud. Here I saw enough of military surgery for a fortnight. I exsected the shoulder-joint twice, as also twice large portions of the humerus; amputated thigh once, and at knee-joint once; and ligated femoral artery in Hunter's canal "at the bursten point" twice, besides many smaller operations; came near getting shot once myself, &c. &c. This division has been withdrawn to Lebanon from Mill Springs, on account of our nearly starving from the impassable nature of the roads. Where we shall go next, I don't know; as for myself, I only need the word *go* to put down to New Orleans. Personal comfort out here is at a discount. Our personal discomforts are about equivalent to Mrs Partington's idea, or ideal, of *sleeping on a picket*, realized.

There is a vast deal of typhoid or *mud* fever here. I call it mud fever, for it is the direct result of the continual marching through the worst mud I ever saw.—The capture of Fort Donelson inspires us all, and we hope soon to be in Nashville.

Very truly yours, D. P. Smith, *Brig. Surg. Gen. Thomas's Division.*

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*To the Surgeon-General.* Camp Hooker, Feb. 22d, 1862.

Dear Sir,—I take advantage of this opportunity to inform you of the condition of this Regiment. It is and has been remarkably healthy; for nearly a month we had only two in Hospital. Owing to the situation of the camp, its cleanliness and good drainage, typhoid fever but rarely visits us—most of the affections are catarrhal. When we consider the prolonged inactivity of the men, and the damp and rainy weather to which they have been exposed, it is a matter of wonder, as well as of congratulation, that so few have been stricken down by sickness. Until within a week or two, the men have been engaged on their houses—they having been built only one at a time; guard and picket duty, cutting and hauling wood, and, recently, building a road, constitute the labors of the Regiment. Now I can pronounce the camp finished, and our "occupation gone." But we hope that this rainy season is nearly at an end, and with the returning sun and pleasant skies, cheerfulness, regularity and content will take the place of *ennui*. The recent victories have inspirited the men, and rendered them doubly eager to retrieve Bull Run.

The loss of Dr. Bell is a severe one to me, at least, for I had the highest confidence in, and respect for him: in him we have lost the *Larrey* of the army, for he was skilful, honorable, brave, gentle and kind.

Yours very respectfully, F. Le Baron Monroe,
*Assistant Surgeon 1st Regiment Mass. Vols.*

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The following is from Surgeon Salter, of the 1st Regiment.

Camp Hooker, Md., Jan. 30th, 1862.

A sad accident occurred in our camp this afternoon, causing the sudden death of the amiable, quiet and beloved young Barlow, a soldier in Co. F. The circumstances were as follows. At the usual hour for afternoon drill, the drum beat the call. While the line was forming, young Barlow and a soldier by the name of Bishop got into a little frolic, in the way of wrestling. Some one standing near, called jokingly to the corporal—"If the boys don't stop fooling, shoot them." Corporal S. instantly put the cap on to his gun, and, quick as thought, snapped the hammer—the gun being pointed towards Barlow and Bishop. To the astonishment and horror of all, the gun proved to be loaded. At the instant of the discharge, Barlow threw his hand to his breast, exclaiming, "Oh! Oh!" immediately sunk down into the arms of Bishop, and in six minutes, without uttering another word, he was dead. The ball entered the body high up on the right breast, a little below the clavicle, just grazing the lower edge of a rib (which gave it a direction downwards, towards the left), hitting the spinal column about six inches lower on the body than it entered, and lodging behind the column on the right side, just under the skin. From the position of Bishop—whose right arm was around Barlow's neck at the moment of the fatal discharge—I am confident that if the ball had not struck the spinal column, it must have passed through Barlow into Bishop. It was a minie ball, and I am puzzled as to what turned its course around the spine—the head of the ball presenting towards the skin of the back.

Dr. Hitchcock, in a letter dated Fortress Monroe, February 20th, reports as follows.

At the Hospital I found the name of the Surgeon-General of Massachusetts a passport to every place and to any information I sought. There are now here in the General Hospital 14 Mass. men. I shall probably make a full report concerning sick and wounded Mass. men next week. In the meantime I remain very respectfully and truly your obedient servant, Alfred Hitchcock.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

## BOSTON: THURSDAY, MARCH 6, 1862.

The project of a City Hospital has engaged the attention of our civic authorities for more than ten years. It was in 1851, we believe, that a circular was addressed to many of the physicians of Boston, asking their opinion as to the necessity for a hospital, in addition to the Massachusetts General Hospital, and to be devoted exclusively to cases of paupers and others arising within the city itself. This circular was largely and fully responded to, and the general opinion was that the requirements of the city demanded a hospital, in addition to, and independent of, the Massachusetts General Hospital, to be placed in as central a spot as possible, so as to be most conveniently available for cases occurring in any part of the city. With this act on the part of the city authorities, their exertions at that time ceased, not to be renewed until within the past three years, when the subject was again opened and discussed, and the project determined upon. Premiums were offered for the best plans for suitable buildings, the advice of physicians was asked as to the particular requirements of a well-ordered hospital, and much useful information in details, as well as much ingenuity of design and construction, was elicited.

It is but proper and an act of justice to mention that, in the various stages of this movement, from its inception to the present renewed action upon it, the efforts of the Hon. John P. Bigelow, then mayor of the city, of the then Alderman (now Mayor) Wightman, and of Dr. H. G. Clark, City Physician, were most energetic, and have conduced greatly to the project in its advance to its present stage. We must also, with like desire of justice, say that the enterprise has received from the beginning the heartiest sanction of a very large number of the physicians of the city, and has been urged on by many with untiring assiduity.

The result of all this, up to the present moment, in the way of publications, is some four or five pamphlets, and one more pretentious book, because it is bound in stiff covers. We propose to make these the theme of some remarks on hospitals in general, and of city hospitals in particular.

The first of these papers is from the pen of Dr. Clark, issued early in 1860. It is very unpretentious and deferential in its style, but sets forth very clearly and definitely the objects of the proposed hospital, and the plan and method through which these objects are to be obtained. It is evidently not meant for more than a sketchy outline, yet is very suggestive, and has proved of great value in that capacity. In it the necessity of the hospital consisting of separate detached buildings, instead of a large concrete one, is insisted upon, and the advantages of this plan clearly and indisputably shown. Suggestions are also made that the hospital should include provisions for a lying-in ward, and also for persons who are not paupers, but who require better accommodation and nursing during sickness than they could obtain in their own confined dwellings, or in the lodging rooms of a boarding house. This last is an item, the full importance of which cannot be understood except by those who have seen the sufferings caused by the confined air of a small dwelling, and the unavoidable want of proper nursing and care in a crowded boarding house or hotel. In what has followed, we see the effects of Dr. Clark's valuable suggestions.

The next publication that meets us is labelled "City Document, No. 34," and bears the date of June 13, 1861. This reviews all previous action, confirms decisions arrived at before, and goes into many details, not as yet investigated, as to the control, management, expense, &c., of a hospital such as contemplated. This document, signed by Messrs. Thomas C. Amory, Jr., Elisha T. Wilson, Prescott Barker, Sumner Crosby, and George W. Sprague, the Joint Committee of the Aldermen and City Council, is a very creditable one. It shows clearly that these gentlemen have gone to work very faithfully and diligently. They exhibit on every page an amount of careful research into matters which do not generally entertain gentlemen of their various occupations, that prove their freedom from bias, and an earnest desire to ascertain what should be the proper and expedient course of action by the city in this important undertaking. Their paper is also stamped with one remarkable peculiarity in these days of short-sighted and selfish motives of action—it is evidently the work of men who are looking not to the interests of themselves alone, but who are legislating for multitudes and years still to come. For this all honor is due them, at a time when petty, narrow-minded, and even arrogant selfishness has so often the sway, and true worth and disinterested patriotism and generosity are passed scornfully by.

This report mentions the various plans that had been offered to the city in answer to the advertisement for them, and decides upon that of Mr. Bryant as the first in point of excellence, allotting the second premium to Mr. Ropes. It also mentions that "among the plans which were especial favorites for their beauty of design, excellent disposition and general adaptation were those of Mr. Boyden." "One was aided in the distribution of the apartments by Dr. John Green, of this city, whose familiarity with the hospitals of Europe contributed to the completeness of the work."

Since this report another has come from the same source, bearing date Dec. 16th, 1861, and numbered City Document 69, annulling much of their previous action in selecting the plan, by greatly altering it in some of its most important and striking principles.

Lastly, we have the pamphlet already alluded to as enjoying the prestige of thick covers. It is by Dr. John Green, of Boston, and consists of sixty-six pages of letter press, besides photographed elevations of buildings proposed by him, and three wood-cut plans.

We propose noticing these plans for a city hospital, and comparing them with each other, and also pointing out where we think there is a deficiency either in the conception of the idea, or in the method of carrying it out in detail. The subject is one the importance of which cannot be exaggerated. The building proposed is to endure for centuries. Upon its proper construction, the comfort, health and life of many thousands will depend ; we cannot go too cautiously to work in selecting the plan, or informing ourselves too thoroughly of all the requisites, as far as science can now point them out, of a hospital. Fortunately for us, during the last few years, much has been done in investigating and illustrating the various hygienic resources at our disposal, and improvements in methods of heating, ventilating, cleansing, &c., have been numerous and great. These also have been put before the public by their various devisers in so patent and simple a manner, than any one of average intelligence, who has given attention to such investigations, has full data for his opinion as to any particular, and for his preference of one over the other. We propose on another occasion to take up our proposed comparison.

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We have received the following communication with reference to certain alleged misstatements by our correspondent "X," which we publish in justice to ourselves, as well as to all concerned. If what our former correspondent has stated is true, of course we shall gladly again hear from him the proofs of his statements, but more than this we must decline to publish, as it must unnecessarily prolong a discussion of which the profession is heartily tired.

Messrs. Editors,—I notice in your Journal of the 13th ult., an article signed "X," in which certain misstatements are made concerning the action of Congress and of the Departments of the U. S. Government in relation to the claim of W. T. G. Morton for compensation to him for the use of ether in the Army and Navy of the United States. I would therefore submit the following facts in the case :—

1st. In a select committee of five members of Congress, it is customary to appoint three who are in favor of the claim brought before them, while the two others are appointed at large from the House. Three members out of the five, in each of the two committees that considered Dr. Morton's claims, reported in favor of his claim, and the two appointed at large from the House made minority reports against his claim ; and the minority report prevailed in both instances, the bill being laid on the table.

2d. Congress never passed any bill appropriating money to Dr. Morton, nor any act favoring his claim. Of this any one can convince himself by the Congressional records published in the *Globe*.

3d. No department of the U. S. Government ever recommended or appropriated any money in favor of the claim of W. T. G. Morton, as can be shown by incontestable proofs.

4th. President Peirce may have told Dr. Morton, as many Congressmen did, that if he held a patent he must take the usual course of patentees, but he would never have placed himself in the position of counsel to that party and given him legal advice in such a case.

5th. It is said by X. that the President was about to sign a bill in Dr. Morton's favor, but hesitated, and referred the question of the patent to his legal adviser. Now, since no bill had ever passed Congress in favor of this claim, the President could not have undertaken to sign such bill; and the statement that he had his pen in his hand to sign it is obviously untrue. Y.

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MESSRS. EDITORS,—In No. 2 of your JOURNAL I notice an article under the head of "Pertussis and its Treatment," which seems to convey the idea of originality in the use of nitric acid in the treatment of this disease. If such is the intention, I deem it a wrong. If, on the contrary, the writer would recal the beneficial effects of this treatment, would it not be more proper, if, while he makes use of the formula of another, he should give credit to the author, and a reference to the journal in which it was first published? Vide *Dublin Hospital Gazette,* Dec. 15th, 1856; and *Braithwaite's Retrospect,* Part XXXV., p. 38.

In your last Number, p. 89, under the head of "Large and unusual form of Mammary Tumor," I think we have a case of menstruation more protracted than any I have ever observed on record.

Yours respectfully, WM. LESTER, M.D.

*South Hadley, March* 1, 1862.

[The age of the patient referred to by Dr. L. in the last paragraph, as printed last week, was evidently wrong; it should have been 33.]

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MASSACHUSETTS MEDICAL COLLEGE.—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 12th. The exercises will commence at 11 o'clock, A.M., with a prayer by Professor Peabody, after which graduates will read selections from their dissertations. The degrees will then be conferred by Prof. O. W. Holmes, and the whole will conclude with an address by Prof. John Bacon.

The Corporation and Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present. D. HUMPHREYS STORER, M.D.,

*Wednesday, March* 5, 1862. *Dean of the Medical Faculty.*

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PREPARATIONS OF PYROPHOSPHATE OF IRON.—Since the publication of Prof. Chapman's paper on the pyrophosphate of iron, we have received two elegant specimens of this salt, in the form of syrup and dragees, from E. & S. Fougera, of Brooklyn, N. Y., which we would recommend as very convenient and pleasant preparations. The dose of the syrup is a dessert spoonful three times a day, and of the dragees four to six during the day.

Dr. Nichols has also sent us a beautiful specimen of the salt itself. It is in scales of a light greenish color, and of a slightly styptic and ferruginous taste.

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LUNATIC ASYLUMS IN OHIO.—From the *Cincinnati Medical & Surgical News* we learn that the 23d Annual Report of the Central Ohio Lunatic Asylum shows the average number of inmates through the year to have been 262; the whole number under treatment, 421. The number discharged was 107; improved, 14; unimproved, 33; died, 15. The whole number admitted since the opening of the institution to the end of last year. 3,857; percentage of recoveries on all these, 51.87; per centage on recent cases, 71.32; on chronic, 24.30. Dr. R. Hills, superintendent; Dr. D. L. Ely, first assistant physician; Dr. E. Dillon Bowers, second do.—The 7th Annual Report of the Southern Ohio Lunatic Asylum, states the number of admissions for the year to be 99; number at the beginning of the year, 157; remaining at the end of the year, 159. Discharged as recovered, 59; improved, 8; unimproved, 21; died, 8; not insane, 1. Dr. J. J. McHenry, Medical Superintendent; Dr. Richard Gundry, Assistant Physician.

Appointments.—The following surgeons have been appointed for service at Roanoke Island:—Drs. J. B. Upham and Samuel Kneeland of Boston, R. R. Clark of Whitinsville, and J. C. Batchelder of Templeton.

Edward Bromfield Mason has been appointed Assistant Surgeon of the 14th regiment Mass. Volunteers (heavy artillery), in place of S. K. Towle, promoted to the Surgeoncy of the 30th regiment Mass. Vols. A. F. Holt, of Cambridge, has been appointed Assistant Surgeon in the 30th (Mass.) regiment.

Eben K. Sanborn, of Rutland, Vt., has been appointed Surgeon. and Edwin C. Bidwell, of Middlefield, Assistant Surgeon, in the 31st regiment, Mass. Vols.

John G. Park (lately attached to the Massachusetts General Haspital) has been appointed Acting Assistant Surgeon in the Navy, and has been ordered to the Brooklyn yard to join his ship.

Dr. Samuel W. Abbott, of Woburn, has been detailed for duty as Assistant Surgeon at the Navy Yard.

Pennsylvania Hospital for the Insane.—At the date of the last report, there were 274 patients in the institution, since which 182 have been admitted, and 201 have been discharged, or died, leaving 255 under care at the close of the year. The total number of patients in the hospital during the year, was 456. The highest number at any one time was 284; the lowest was 260; and the average number under treatment, during the whole period, was 275. Of the patients discharged during the year 1861, were—cured, 92; much improved, 14; improved, 34; stationary, 32; died, 29.

## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, March 1st, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 47 | 49 | 96 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 41.5 | 40.2 | 81.7 |
| Average corrected to increased population, | .. | .. | 91.12 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 21 | 0 | 1 | 3 | 13 | 1 | 0 | 4 | 1 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending Feb. 22d.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.076 | Highest point of Thermometer, | 39.0 |
| Highest point of Barometer, | 30.460 | Lowest point of Thermometer, | 5 0 |
| Lowest point of Barometer, | 29.381 | General direction of Wind, | West. |
| Mean Temperature, | 23.8 | Am't of Rain (inches), including melted snow, | 1.46 |

To Correspondents.—An extra number of pages in this week's issue has not allowed space for the insertion of several papers already acknowledged. In addition, we have one on Iridectomy in Chronic Glaucoma, and also one on the Different Methods of Treating Disease.

Pamphlets Received.—Report of the Pennsylvania Hospital for the Insane, for the year 1861.

Married,—At Lancaster, 25th ult., Dr. John Ware, of this city, to Miss Mary G. Chandler, of L.

Deaths in Boston for the week ending Saturday noon, March 1st, 96. Males, 47—Females, 49.—Apoplexy, 2—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 4—cancer, 2—consumption, 21—convulsions, 6—croup, 1—cyanosis, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—epilepsy, 1—scarlet fever, 3—typhoid fever, 4—disease of the heart, 3—infantile diseases, 4—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 13—marasmus, 1—measles, 3—old age, 2—paralysis, 1—premature birth, 1—puerperal disease, 1—rheumatism, 2—scalded, 1—suffocated, 2—smallpox, 1—unknown, 4.

Under 5 years of age, 40—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 13—above 60 years, 12. Born in the United States, 68—Ireland, 22—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxvi. Thursday, March 13, 1862. No. 6.

## IRIDECTORY IN CHRONIC GLAUCOMA.

By J. H. Dix, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

The following case, though not illustrative of the most brilliant successes attending the performance of iridectomy in acute and occasionally in chronic glaucoma, is still so confirmatory of the general positions advanced by Dr. Von Graefe on the subject, in his very thorough and excellent work,* that in the present paucity of actual experience of it in this country, I feel it my duty to present it, and also to avail myself of it as a preface to something which I have to say in a future number of your Journal. I wish also to express to Dr. B. J. Jeffries and Dr. H. Derby, who have had the advantage of attending Dr. Von Graefe's clinique, my indebtedness for an explanation, in default of which I hesitated for some time to adopt the operation.

Jan. 20th, 1862.—Miss M. A. P., æt. 50, in December, 1860, woke up one morning with violent pain in her left eye and imperfect vision from it. For five weeks the pain continued, with photophobia and increasing dimness of vision, the field of vision narrowing its dimensions, until, at the expiration of these five weeks, the vision of this eye was extinct, not the least perception of light remaining. During all of this period, she had no professional advice, and no other treatment than frequent bathing of the forehead and left temple with an infusion of hops. Up to this time, she has had in this left eye, and around it, pain varying in amount, but never remitting for a longer period than thirty-six hours. For three or four weeks past, she has had frequent momentary flashing, luminous spectra.

Three weeks after the extinction of sight in her left eye, she resumed partially her occupation as a seamstress, on dark clothes, and gradually increasing it, continued her work by day, and sometimes by night, until Oct. 14th, 1861. On this day, having been exposed during the evening to unusually bright lights and fire, she felt, on going to bed, a sharp pain and smarting in the globe and brow of the right eye. On the following morning the pain had become intense, and vision very much affected, but whether by a general obscuration or a diminished extent of the field of vision, she cannot now say, by reason of the great intolerance of light which coexisted.

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* Translated and published by the New Sydenham Society, 1859.

Twenty-four hours after the commencement of this attack, leeches were applied to the right temple, with great relief to the pain, but no improvement of vision. Under medical advice, still further relief was experienced from sinapisms and leeches, and a reduced diet and cathartic pills. Notwithstanding the relief from pain, vision rapidly declined during the six days following the attack.

Since this time, there has been a steady deterioration of sight, with more or less pain daily in the globe, but chiefly in the brow and left temple. These pains often extended through the right side of the head so severely at times as to be intolerable. For two weeks past, luminous spectra before this eye also. Now, there is in both eyes a continuance of the above-named symptoms.

The objective symptoms in the two eyes are almost precisely alike. The globe is hard and unyielding, the surface of the cornea somewhat but not wholly destitute of sensibility, the pupils largely dilated, the irides absolutely immobile, the aqueous humor sufficiently turbid to prevent any satisfactory ophthalmoscopic examination, but not so much as to prevent the opening of the pupils, presenting the peculiar diagnostic glaucomatous green coloring. The anterior chamber in the left eye is somewhat flattened. Not only are there no enlarged choroidal vessels visible, but in both eyes the sclerotic is, as compared with healthy eyes, unusually free from vascularity. For three days past vision has been absolutely extinct in the right eye, there being no perception whatever of the strongest light in either eye.

During three weeks past, Miss P. has been, under my direction, taking, every second night, pil. hydrarg., gr. v.; pulv. aloes, gr. i. M.; ft. pilulæ; kept open behind the right ear a small blister, and used many times daily as a bath around the orbits an infusion of pulv. opii gr. x. to water ℥ v. Under the use of these means, together with abstinence from meat and constant seclusion from offensive light, some mitigation of the pain and photophobia has been experienced in both eyes, but chiefly in the right. The sudden extinction of vision, however, in the right for the last three days—she having, on my first seeing her, had a constant appreciation of the passing of objects between her and the light, and occasionally a perception of large objects, as a hand or book—induces me to suggest to her the operation of iridectomy as offering the possibility of some improvement of vision in the right eye, and a probability of relief from suffering in both.

Under the influence of ether, and with the assistance of Messrs.

Bundy, Mackie, Webber, Treadwell and Mitchell, the operation was performed on both eyes on the side of the cornea towards the outer canthus, about one sixth or one fifth part of the iris being excised, and the aqueous humor largely evacuated from each eye.

Feb. 20th.—One month has passed since the operation. In the right eye, a very slight, and in the left a somewhat greater effusion of blood prevented, for some five days afterwards, any examination beyond the corneæ, there being, during that period, a slight sensation of tenderness in the globes, and some general injection of conjunctivæ, not demanding any change from the medication previously in use. As early as twenty-four hours after the operation, she expressed herself essentially relieved as to the severe pains in the globes, over the orbits and in the head.

One week after the operation, the blood in the chamber of the aqueous humor was nearly absorbed in the right, and partially in the left; the injection of conjunctivæ very much abated; the tenderness of the globes to the touch lessened, and the eyes and head vastly more comfortable than at any time for the last thirteen months.

Ten days ago, it being twenty days after the operation, she began. for the first time, to perceive light with her right eye. This perception becoming gradually stronger, she had, a few days later, occasional doubtful glimpses of objects in certain lights. For three or four days past, she sees at times with the right eye, in a very limited field of about eight inches diameter, objects of two or three inches diameter, such as small figures on a carpet and objects on a table.

By examination with the ophthalmoscope, in the left eye the general paleness of the field of the retina indicated an atrophied condition, and in the right eye there was an indistinct observation of the papilla of the optic nerve, very small trunks of the bloodvessels, and two dark patches on the left of the field of the retina.

This improvement can hardly be ascribed to any other influences than the relief afforded from intraocular pressure through the excision of the iris, inasmuch as the pil. hydrarg. and aloes were not given with the intention of any constitutional effect, and no evidence of any such effect has appeared. Since the operation, moreover, this pill has been taken but twice. Comparing, therefore, the past and present condition of the patient, we find, as the result of the iridectomy, less hardness of globes to touch, less turbidity of aqueous humor in both eyes, entire relief from pain previously frequent in the left, and almost constant in the right eye and side of head, and an improvement of vision in the right eye, which, though it is variable and leaves much to be desired, is sufficient to show that the performance of the same operation at an earlier period would probably have been the salvation of her sight.

## DR. COALE'S ESSAY ON ANEURISM.

[Continued from Page 521, Vol. LXV.]

We have sought carefully for some statistics that would exhibit to us the precise value of the ligature as a cure for aneurism, and that would show us at the same time the causes of its failure where it was unsuccessful. These we have not been able to find. The only approximate to it that we have, we get from Lisfranc, who states that in 180 operations for aneurisms, he had 32 cases of hæmorrhage—1 in 6; occurring principally from the 16th to the 24th day. The number of deaths in these 180 was 43—1 in 4.

Of the 169 cases collated by this surgeon, the following is the result:—

| | Fatal. | Cured. | | Fatal. | Cured. |
|---|---|---|---|---|---|
| Aorta, | 2 | | Primitive iliac, | 3 | 1 |
| Primitive carotid, | 9 | 25 | External iliac, | 3 | 21 |
| Subclavian, | 17 | 18 | Femoral, | 8 | 38 |
| Thyroid, | | 1 | Tibial, | 1 | 2 |
| Brachial, | 1 | 10 | Peroneal, | | 1 |
| Ulnar, | | 3 | Doubtful, | 4 | |

This exhibits, as will be seen, just one death in four cases.

Mr. Phillips gives a table quoted by Arnott in his Hunterian Oration for 1843, as follows:—

| | Fatal. | Cured. | | Fatal. | Cured. |
|---|---|---|---|---|---|
| Subclavian, | 34 | 46 | External iliac, | 17 | 62 |
| Carotid, | 15 | 59 | Femoral, | 36 | 77 |
| Humeral, | 6 | 24 | Various, | 4 | 9 |
| | 55 | 129 | | 57 | 148 |

In all, 389 cases with 112 deaths—1 to 2½ cures; a very large fatality, and one we cannot account for any more than we can for the singular disparity it displays between the fatality in tying the external iliac and that attending the same operation on the femoral.

Another of Mr. Phillips's tables gives us 171 cases of aneurism of the lower extremities, operated on after the "Hunterian Method"; 57 were unsuccessful—just 1 in 3—all of which except 2 died, *not of the disease, but of the operation.*

In the successful ones, secondary hæmorrhage occurred fifteen times.*

Norris, of Philadelphia,† gives a table of 177 cases—155 of popliteal and 22 of femoral aneurism—which exhibits as follows:—

| | |
|---|---|
| Died from the effects of the operation, - - - - | 38 |
| Recovered after subsequent amputation, - - - - - | 6 |
| " " suppuration of the sac, - - - | 10 |
| " " after gangrene of the foot, - - - | 2 |
| Total, - - - - - - - - | 56 |

"So that nearly 1 out of 3 cases either terminated fatally or were maimed for the remainder of their lives."

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* Quoted by Mr. Storks, in the London Lancet, May, 1846.

† American Journal of Medical Sciences, October, 1849.

Mr. Crisp, in his work already quoted, details 188 cases of operation for popliteal or femoral aneurism. Of these—

| | |
|---|---|
| Died from effects of the operation, | 35 |
| Recovered after amputation, | 11 |
| " " sloughing of the sac, | 2 |
| " " gangrene of toes, | 1 |
| " " sloughing of integuments, | 1 |
| | 50 |

More than 1 in 4 dying or being maimed.

Besides these exhibits, we find some few smaller tables, but none that serve to throw more light upon the subject. The fault of all is that they are too meagre in detail, and do not furnish us with any particulars which might greatly modify the aspect of the case. For the present, then, we must here rest our exposition of ligature applied above the sac as a cure for aneurism. We feel we have stated fairly its efficacy, and made a clear representation of the drawbacks to its use. Even with the latter, it claims our approval as a most valuable resort—when we cannot do better; and unless we can offer some remedy equally efficacious, which can be applied without the use of the knife, the ligature must be still our reliance in a vast majority of cases. We do not despair, however, of doing this. Galvano-puncture, we think, holds out strong promises. Manipulation has already effected much, and the surgical world are now looking with great interest to the next subject of our Essay—Compression.

Before concluding these remarks, we must refer to a pamphlet published in 1846 by Mr. Guthrie, "On wounds of the arteries of the human body, with the treatment and operations required for their cure." Much of it does not pertain directly to the matter in hand, but all of it is so largely luminous as to throw great light on the subject we have been treating. His views we have to some extent embodied in what we have said, but we wish we had space to transfer to our pages his "General Conclusions," arranged in twenty-seven aphorisms, and giving a most complete exposition of all the rules to be followed and precautions to be taken in applying the ligature to arteries, and also directions for combating the various mishaps that may occur during or subsequent to that operation.

*Compression of the Artery.*—We have already spoken of compression as applied to the aneurismal sac, and have shown that it effected cures. It was also practised upon the artery at an early period, but not apparently with encouraging success then. In later days it was advocated by Mr. Todd, about the year 1820, but being unable to get hold of his paper on the subject, we cannot state how far he reduced it to practice. Dr. Hutton, however, in 1842, treated a case of popliteal aneurism successfully at the Richmond Hospital, and to him we must give the credit for bringing to our notice what we cannot but consider one of the greatest improvements in modern surgery—a generally safe and efficient remedy for aneurism in which the knife is wholly discarded, and the original disease combated without superadding to it the complication of a wound. The successful achievement of Dr. Hutton was at once hailed by his brother surgeons; and more particularly to those of Dublin—Crampton, O'-Ferrall, Bellingham, Cusac and Tuffnell—are we indebted for further efforts to establish this as one of the acknowledged resources of surgery. The last-named gentleman, in 1851, gave us, in a thin octavo,* a summary of the claims and achievements of compression up to that date. He had been preceded by some six years by Dr. Bellingham,† in a little pamphlet, but those six years had thrown much light upon the deficiencies as well as the excellencies of compression. Mr. Tuffnell gives us some remarks on these, which still hold good. He thinks that the ligature is by no means to be entirely discarded, but it still remains as a resort where the other fails. Compression, however, he considers "applicable to every ordinary circumscribed aneurism in an extremity where there is sufficient room for the application of the compressing apparatus at two different points above the tumor, premising, of course, that pressure on the trunk of the vessel completely controls pulsation in the sac, thus proving that no high bifurcation exists." He afterwards qualifies his demand for two points of compression by allowing he has seen cases "so frequently" cured by a single instrument in a short space of time, and yet "for prudence sake, as a general principle," he advocates using two points. The necessity of this will be shown presently. He does not advise compression in diffused and rapidly-extending aneurisms. These have no sac in which a coagulum can be formed; their only cure is the ligature. Nor does he advocate it where the tissues and organs around, particularly the veins, have become involved. In such a case amputation is the resource. The early want of success in using compression was undoubtedly from its not having been properly applied. Sufficient attention was not paid to the general condition of the patient, and the remedy was applied too violently and suddenly. This, later experiments have shown was entirely wrong. The compression need not be so severe as was at first supposed. It need not stop the circulation entirely in order to produce a cure. It seems to achieve what it does by the current through the sac being rendered less in bulk and less violent in its passage, so that the deposit of fibrine from it may take place more rapidly—sufficiently so, to plug up the orifice in a definite time. When first used, this was not understood. Strong pressure was exerted at once over a small surface, producing most excruciating suffering, and in many cases perfect intolerance of the remedy. Local inflammation, too, was set up, and the demands upon the general system were so great that the remedy became of itself a source of disease. In applying compression, the patient should be first prepared for it by suitable general treatment. It is very desirable that all extra excitability should be removed, and that without reducing the system the chances of inflammation or of constitutional irritation should be lessened to the utmost. The mind and disposition of the invalid should also be prepared in order that he may be enabled to endure patiently the irksomeness of the remedy and its prolonged use if necessary.

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* Practical Remarks on the treatment of aneurism by compression, with plates of the instruments hitherto employed in Dublin, and the recent improvements by elastic pressure. By Joliffe Tufnell, surgeon to the City of Dublin Hospital. 8vo. pp. 154. Dublin, 1851.

† Observations on the employment of compression in aneurism. By O. B. Bellingham. 8vo. pp. 14. Dublin. 1845. He reprinted this in 1847, in 12mo. pp. 180, much rewritten and enlarged upon.

With these precautions, the compression is applied at the most convenient and available point, which must be determined on in each individual case. We can only give, as general indications for the selection of the place, that a point at which the artery is superficial is better than one where it is deep-seated; where it has a resisting surface behind it, better than where it is bedded in soft tissues. We must, of course, have a favorable *point-d'appui* on the other side of the limb or trunk. This is readily furnished in the first, but in cases of aneurism on the trunk or neck we may have some difficulty to overcome—yet none that ingenuity has not surmounted. We may add, that in selecting this *point-d'appui* it should be as extensive as possible, so that the pressure may be distributed, and the suffering which would be caused by its being limited to a small surface be prevented.

In making compression the veins should be avoided, so that the returning circulation be not embarrassed. We should select, too, a point as near as practicable to the aneurism, so that the circulation in the collateral branches of the artery should not be interrupted.

The compression must be at first gentle, that the parts may become accustomed to it. At no time, in most cases, need it be very severe. This would induce excoriation and inflammation, and might necessitate us, for the time at least, to abandon the remedy. It would also cause pain, which in some cases has proved intense and utterly intolerable to the patient, and indeed has always furnished a great obstacle to the use of this remedy, and, with some, a plausible pretext for never adopting it.

In some few cases the results of compression have been very speedy, and a cure soon perfected. This cannot be considered the rule, and the surgeon must not only not expect too much himself, but he must prepare his patient for long endurance. He must not give him hope, which, long deferred, might sicken the heart and the body.

Absolute stoppage of the circulation, though desirable, is, as we have already suggested, not necessary. We should only aim at lessening the current to such a degree as will permit it to deposit fibrine more rapidly. This has been clearly shown in many instances, where cures have been effected by comparatively slight compression, the pulsation in the sac ceasing very gradually, and the tumor, *pari passu,* solidifying and lessening in size.

As for the instruments devised for effecting compression, they are already many in number, and we can scarcely make an absolute choice of any one or two. And, in fact, we do not think it necessary we should do so. A mechanic always works best with the tools to which he is particularly accustomed. So we think an intelligent surgeon is always better off if left to the selection of the instruments with which he is to operate. The contrivances hitherto used for compression have effected this through three means:—the screw, a weight, and by springs. Each has done its work successfully.

The common tourniquet has served the purpose, but its compression of the whole circumference of the limb is an obvious and strong objection to it.

Manual, or, as we should rather call it, digital compression has been remarkably successful, and could fingers be applied night and day for the requisite time, with intelligence to govern them, we would have a perfect compressor. We have one case in which, no other means being at hand, a seven-pound weight was employed, and with comfort to the patient and complete success.

Dupuytren's compressor—an arc of steel, capable of being lengthened or shortened to suit, with a pad at each end of it—has furnished the type for several with similar intent. Dr. Carté has made a modification of this, replacing the unyielding stiffness of the arc by a spring, which has much increased the comfort of the patient, and consequently, as may be readily understood, the efficiency of the instrument. In another instrument—we do not know by whom devised—India-rubber straps are substituted for the steel springs, and are found to act very well—taking up less room, and not being so liable to derangement by the bed-clothes catching in them.

At St. George's Hospital (Dublin), a light and very manageable presse-artere, devised by a Mr. Blair, has lately been used. It is made much on the plan of the human hand. A broad part like the palm is applied to the outside of the thigh, and to this, attached by a sack and pinion, are pads taking the place of finger ends. On this principle several others have been made, each possessing some peculiar excellence. In London, one very similar, constructed by Mr. Bigg, who has shown great ingenuity in such things, is thus described by Mr. Cook:*—" a semicircle of steel with anterior and posterior movable arms, the anterior containing the screw and pad to rest on the artery, the posterior holding the hinged cushion or splint on which the limb is placed. When the instrument is applied, the pad is screwed down so as to *gently* compress the artery. The centre screw is then turned to direct the pad inwards and fix the artery between it and the bone. The lower screw, placed beneath the cushion, raises the outer edge of the splint and prevents its moving in the slightest degree. The advantages of this instrument seem to consist principally in giving the pad a direction inwards towards the bone, and in completely securing the limb by a good broad splint which may, by a screw placed beneath it, be brought in closer contact with the thigh." This will give at least a general idea of these contrivances, and that is all we think necessary; for we feel that unless a surgeon is able himself to contrive and adapt such apparatus for so simple and plain a purpose, he would be otherwise utterly unfitted for taking charge of a case of treatment of aneurism by compression. He would be unable to modify and suit the pressure to the patient's feelings and to the necessity of the case. We may add that thus far American ingenuity has added nothing to our means for applying this remedy.

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* London Lancet, Jan. 8th, 1853.

We have thus given the principles upon which compression should be applied, and sketched the mechanical means by which it is to be. We cannot do better than to quote Dr. Bellingham's concluding remarks to his little book, which, though published long since, was so comprehensive as to leave us but little to alter.

1. The arteries to which compression is applicable being far more frequently the subject of aneurism than those to which it is inapplicable, compression is calculated to supersede the ligature in the great majority of cases.
2. The cure of aneurism by compression upon the artery between the aneurismal sac and the heart, according to the rules laid down here, is accomplished by the gradual deposition of the fibrine of the blood in the sac, until both the latter and the artery at the part are completely filled. The process is, in fact, similar to that by which Nature effects a spontaneous cure of aneurism.
3. Such an amount of pressure as would cause inflammation and adhesion between the opposite sides of the artery at the point compressed, is never required.
4. The pressure should not be so great as to interrupt the circulation in the artery at the point compressed, an essential agent in the cure being that a current of blood should pass through the sac.
5. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument, and in many cases the pressure can be maintained by the patient himself.
6. The treatment of aneurism by compression does not involve the slightest risk to the patient, and, if persevered in, cannot fail of effecting a cure.
7. A cure of aneurism effected by compression, according to the rules laid down here, must necessarily be permanent; and in every case in which a cure has been accomplished, the patients have remained well subsequently.
8. The femoral artery remains pervious after the cure at the point at which the pressure had been applied, and no morbid change of any kind is to be detected in either the artery or vein at the site of the compression.
9. When a cure is effected by compression, the vessel is obliterated only at the seat of the aneurism, and the artery at this part is eventually converted into an impervious ligamentous band.
10. Compression effects the cure of aneurism by more simple and safer means than the ligature, while it is applicable to a number of cases in which the operation is contra-indicated or inadmissible.
11. Compression is not necessarily a more tedious or painful method of treating aneurism than the ligature, while it is much more certain, more likely to be permanent, and free from all danger.
12. Compression, according to the rules laid down here, has little analogy with the old method which went by this name; and in fact has no greater resemblance to it than the Hunterian operation had to the operation for aneurism which it superseded.

To this we add the following from Mr. Williams's admirable review of Miller and Fergusson's works on Surgery:—*

Recorded facts prove the following conclusions:—

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* British and Foreign Medico-Chirurgical Review, January, 1853.

1. That in popliteal aneurism, skilful compression of the femoral is capable of curing the disease, and that with comparative and almost absolute safety to life and limb.
2. The time expended in the cure is on an average not greater than in the treatment by ligature.
3. That failure of compression does not compromise subsequent recourse to deligation; and that consequently when skilfully employed, being equally certain, far more safe, and not more tedious than ligature, it should in the great majority of cases be preferred. The only disadvantage of compression is the care and trouble necessary on the part of the attendant, with irksomeness and sometimes suffering on the part of the patient.

We will now look to the records of the doings of compression.

We find in the *Medical Times and Gazette* for Nov. 22d, 1856, a tabulated exposition of seventy-eight cases of aneurism, including all of that disease admitting of surgical treatment which have been under care during the previous four years in certain hospitals.

The summary of these is 78 cases—57 perfect recoveries; 2 unrelieved; 19 deaths.

The ligature cases were 43 in number. Deaths 19, as follows:—

1 Ligature of the abdominal aorta.
3 " " common carotid.
2 " " subclavian.
2 " " external iliac.
10 " " superficial femoral.
1 Death after amputation—no ligature applied.
19

All the operations on the aorta, the common carotid and the subclavian, six in number, were fatal. With the external iliac, 3 recovered, 2 died. With the popliteal, 23 recovered, 10 died. Thus much for ligature. Compression was tried in 54 cases, and was successful in 26:—

| | |
|---|---|
| Subclavian - - - - - - | 1* |
| Popliteal - - - - - - | 24 |
| Anterior tibial - - - - - | 1 |
| Total - - - - - - - | 26 |

The failures were:—5 femoral, all that were tied; 22 popliteal out of 46; 1 radial; 1 posterior tibial.

As the compiler says, it must be taken into consideration that most of these cases were the first essays in compression of those who conducted the treatment, and allowance should be made accordingly. In spite of this, we must confess the show is a fair one of the capabilities of this system of treatment.

In the January number of the same Journal for 1860, is a continuation of the same investigations brought down three years later. This last paper includes all accessible cases, whether treated in British hospitals, or in those of the Colonies, or of the Army on foreign stations. The writer, Mr. Jonathan Hutchinson, seems to be as conscientious as he is diffident in his statements; and, instead of tabulating the results, he takes more trouble, and gives each case, so that it may be fairly examined and weighed on its own individual merits and peculiarities. He divides these cases into four groups:—

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* Though this should rather be called manipulation. We suppose it to be the case we have already given.

I. Compression successful.
II. Compression tried and abandoned.
III. Primary ligature.
IV. Other cases.

The first group contains 25 cases, as follows:—

| | |
|---|---|
| Popliteal | 23 |
| Palmar arch | 1 |
| Brachial | 1 |
| Total | 25 |

Of these, in one there was gangrene, amputation and recovery—scarcely a successful case of compression.

The cases where compression was tried and did not succeed, were as follows:—

| | |
|---|---|
| Popliteal | 10 |
| Femoral | 2 |
| Radial | 1 |
| Total | 13 |

Of these, there was death from pyæmia in 1; after amputation in 2; ligature had to be resorted to in 12. In one case the pulsation ceased in three days after the application of compression, but gangrene ensued. The limb was amputated, and the patient recovered. So that in no case was death induced by compression. It merely failed, and ligature had to be resorted to.

Where primary ligature was used, the cases were:—

| | Whole number. | Death. | Recovery. |
|---|---|---|---|
| Carotid | 3 | | 3 |
| Iliac | 4 | 2 | 2 |
| Subclavian | 4 | 1 | 3 |
| Femoral | 7 | 1 | 6 |
| Brachial | 1 | | 1 |
| Temporal | 1 | | 1 |
| Total | 20 | 4 | 16 |

A more favorable exhibition than any other table displays for ligature.

Of these cures by compression, 1 was immediate; 2 were in one day; 2 were in two days; 2 were in four days; 1 was in six days. The longest period required was six months by one; also five, four, and three months each by one case. The average length of treatment thus deduced was just thirty-six days.

These returns, of course, cannot be considered final. They merely show what has been done thus far with a new and as yet imperfect method of treating aneurism. Are they not enough, however, to make us believe that the suggestion of this remedy is one of the greatest advances in modern surgery, and that every surgeon should feel bound, in every case coming under the rules and conditions we have quoted, to submit it carefully and hopefully to the effects of compression, before resorting to what we should always make a last resort—the knife.

We conclude this chapter with quoting five "Indications for guidance in future cases," laid down by the painstaking and careful compiler whose labors we have just used.

I. To have two compresses in constant readiness from the first, and use them alternately.

II. To employ the pressure by preference over the brim of the pelvis, where the vein and artery lie side by side, and the latter may be compressed without the former.

III. To be very particular in removing all hair from the skin of the part, to dust it well with flour, and use every precaution to prevent excoriation. With this view it may be as well, as suggested by Mr. Paget, to harden the skin by the bi-chloride lotion for a few days before the beginning of the treatment.

IV. To load the patient's blood with fibrine by limiting the diet to solid food as much as possible. This should be attended to before beginning the treatment. The patient should be purged, allowed to eat freely of meat, but to drink only the least possible quantities. The drink allowed should be diuretic.

V. The aneurismal sac should be supported by the pressure of a soft pad or air cushion. If solidification be unduly slow, it may be justifiable to break up and disturb the coagula by forcible manipulation, in the hopes of thus affording irregular projections in which the deposit of fibrine would take place.

[To be continued.]

## NEW "ANATOMICAL LAST."

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Somebody has recently invented, and introduced into use, what he calls the "anatomical last." The last is made to correspond, as nearly as possible, with the shape of the foot; so that a boot made upon it will bear uniformly on the whole surface of the foot. Now, though this last may be "anatomical," it appears to me to be decidedly anti-physiological. It is said that the author of the invention is a physician; but how any one acquainted with the organization of the human foot, and understanding the design of its peculiar structure, could present such an article as an improvement, or of public utility, is more than I can see. Certainly he could have but little regard to his scientific reputation.

There are, I think, two important objections to this "anatomical last." First, the foot is a tripod, and so constructed as to form a double arch, composed of numerous bones, held in their place by powerful ligaments, upon which the superincumbent body rests as upon a spring or thorough-brace; thus preventing, as much as possible, all jar of the body in locomotion, and giving ease and elasticity to its movements. The design of this, when we consider the delicacy of many of the organs of the body, especially the brain, is too obvious to require further comment. Second, a large portion of the bloodvessels and nerves of the foot, which are peculiarly delicate and sensitive, are located within this arch, and are thus protected from the injury they would otherwise suffer from constant and severe pressure upon them. It is plain, then, that a boot so formed as to fit accurately to the foot, and receive equally the weight of the body on its whole plantar surface, would counteract the design in this peculiar formation of this member, and must be both unphilosophical and anti-physiological. Had it been necessary, or better, for the foot to press equally on every part, would not the bottom of it have been made perfectly flat?

I should be very sorry, Messrs. Editors, to say anything to prevent any one—especially one of the profession—from turning an honest penny; but it appears to me that somebody must make a loss by the invention; for, if I mistake not, few will wish to purchase the second pair of boots made on the "anatomical last;" and, besides, as professed conservators of the public health, is it not our duty to caution against any fashion not in accordance with correct hygiene?

*Sharon, March 4th,* 1862. Truly yours, A. D. B.

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## DIURETICS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I am inclined to think that too little importance has been attached to the use of the renal depurants in the treatment of many diseases; and the object of this article is to direct to them the attention of those who have been striving to drive disease out at the back door, without, in certain cases, opening the front one also. My attention was called to this matter, some three years ago, by reading the able work of Golding Bird on Urinary Deposits; a work which I would earnestly recommend to every physician who has not read it. Since then, I have used the acetate of potass with great benefit in many diseases which I had before treated without diuretics. It appears, from experiments made by Dr. Bird with the acetate of potass, that it increases the urine in quantity and quality. In one case, a young lady passed sixteen ounces of urine in twenty-four hours, containing 416 grains of solids; after three drachms of acetate of potass had been taken, in the course of twenty-four hours, she passed forty-six ounces of urine containing 782 grains of solids, with an excess of 72 grains of urea over the amount in the sixteen ounces of urine passed when no medicine was taken. It appeared to me, from this and other cases taken from the clinical report books of Dr. Bird, and his remarks in relation to blood depuration, that acetate of potass was of great use, and should be more extensively employed to remove morbid matter from the system. The urine contains a larger proportion of nitrogenized substances, the effete tissues, urea and soluble salts, when the acetate is taken, and in proportion to the amount of increase in the solids thrown off by the urine the blood is depurated. In all febrile affections, in biliary derangements, scrofulous affections, acute rheumatism, and in diarrhœa, I have found the acetate of signal benefit as a curative agent and adjuvant to other remedies. I was led to use it in diarrhœa, from the fact that it increases the quantity of urine; and I thought that if I removed the watery portion of the blood by the urine, the balance between the alimentary canal and kidneys would be restored, on the principle of endosmose, and I have not been disappointed in the results; at least, patients recovered as soon, or even more rapidly under this treatment than under any other that I have employed. In gonorrhœa, also, I have found it useful, as it renders the urine alkaline, thereby stopping the scalding sensation caused by acid urine passing over the inflamed membrane; and as it increases the quantity of urine, I conceived that it thereby helps to wash out the disease.

I would not be understood as depending on this remedy alone in the diseases mentioned; but I think it belongs in the front rank, and I would invite those who do not use it, to give it a trial and then decide upon its merits. B. F. Taft.

*Blackstone, Feb. 25th,* 1862.

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## CASE OF RABIES.

By M. C. Hazen, M.D., Haddam, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

On the morning of Friday, Dec. 27th, 1861, while I was away from home, word was left at my house for me to visit, as soon as possible, a son of Mr. J. S., who, the messenger said, was "having fits." About an hour later I received the message and visited the patient, finding him in the following condition.

He was lying on a cot-bed in the centre of the room, with three or four persons each side of the bed to attend him. As I opened the door, he fixed his wild black eyes upon me, made a low growl, showed his teeth, and sprang violently at me like an angry dog. On being restrained by the attendants, he would snap at them; first at one side, then the other, making the greatest effort to bite those who irritated him in the least. The eyes were wild and bloodshot; face red; skin in nearly a natural condition; no coating of the tongue, his parents informed me, as I was unable to get a look at it, and no increase in the frequency of the pulse. He seemed to be in a state of perfect unrest—tossing about, pulling the clothes to pieces with his fingers and teeth, and, on anything approaching near his mouth, snapping angrily at it. This irritable condition continued to increase until the whole system became engaged, and the body would be finally thrown into a condition of opisthotonos and emprosthotonos; and when seemingly the system was exhausted with these violent convulsions, he would throw the head back and finish with a howl exactly like that made by a dog. The particularly wild expression of the eye and whole countenance it is impossible to describe, and I am sure I never saw anything so frightful.

On inquiry, I learned from his parents that, eleven years ago, when the boy was about three years old, while he was playing with a little dog belonging to a neighbor who was at his father's house, he accidentally stepped on the dog's foot, and he bit him on the left hand between the metacarpal bones of the little and ring fingers. The spot is marked by a cicatrix a quarter of an inch in length. The wound took on unhealthy action; the glands of the throat, &c., became much swollen, and he was in consequence made quite sick, and it was some time before the wound healed and the child was well.

Three years ago, after having been with his mother to a donation party, he had a slight convulsion and then showed some inclination to bite, but they all went to bed as usual, slept quietly, and he appeared well next day; so nothing more was thought of it. Nothing of the kind has since occurred, until the evening mentioned.

The first indications of anything wrong, was a violent chill, accompanied by a sense of fear, as if something dreadful was to happen to him. Soon he commenced to snap and try to bite his mother and those about him, and afterwards the convulsions, as before described, followed at intervals of a few minutes.

I stated to the father that I was afraid his son was suffering from hydrophobia; and if such was the case, my services would be of little avail, and the only consolation I could give was the assurance that death would very soon interfere to relieve him of such suffering. I prescribed the following:—℞. Morph. sulphat., gr. iv.; tinct. daturæ sem., ʒ iv.; aquæ, ℥ i. M. A teaspoonful once in half an hour until he sleeps. Directed them to confine his arms, to prevent his injuring his attendants.

28th.—Saw him at 9, A.M. He was sleeping when I went in, but soon awoke and looked wildly about. Since 3 o'clock has had short naps, and when awake has been less violent, but shows the same inclination to bite as before. Convulsions less frequent and violent. Pulse 120. Treats me civilly if I keep at a proper distance, but springs at me and tries to bite if I go too near. Continue medicine *pro re natâ.*

6, P.M.—Saw him again. He continues more quiet. Medicine to be continued.

29th, 11, A.M.—Dr. Charles Woodward, of Middletown, saw the patient with me. Convulsive movements less than yesterday; less inclination to bite. There is considerable febrile disturbance this morning. Tongue dry and covered with a brownish tenacious coat; breath very fœtid; talks incoherently. Pulse 130; great thirst; bowels have not moved since the attack. Continue the medicine as may be necessary, and give immediately fifteen grains of calomel; apply blisters to calves of legs. (His mother refused to apply blisters, but afterwards *one* was applied.)

3, P.M.—Condition much the same. Left two cathartic pills to be given at 9, P.M.

30th.—Appears better. Medicine operated on bowels. Tongue more moist; is still very thirsty; is less unmanageable. Pulse 120. Loosed his hands.

31st.—Still improving. Pulse 100; tongue cleaning, and mind more clear; still he talks at random, and occasionally snaps at those about him. Continue medicine at greater intervals.

Jan. 1st.—Wished me a happy new year. He is rational most of the time. Pulse 88. Gave him a teaspoonful of the following, three times a day:—℞. Quiniæ sulphat., gr. xvi.; acid. sulph. arom., ʒ i.; aquæ puræ, ℥ ij. M. The other medicine *pro re natâ.*

2d.—Patient improving. No disposition to bite; no spasm, but at times looks wild and confused.

From this time he continued to improve, until now he appears in his usual health, though very nervous, and is attending school.

This would seem to be a case of madness caused by the bite of a dog—a proper name for it, perhaps, would be rabies, as hydrophobia would be a misnomer, for there was no dread of water, but he drank it freely. He was bitten by the dog eleven years before; the dog was not mad, but lived two years afterwards, and died in consequence of a fall which broke his neck. Animals, however, suffering from hydrophobia, frequently have no aversion to water, but drink it freely, and still die with every other symptom of this disease.

The time this poison remained in the system before manifesting itself in disease, was unusually long, though cases of hydrophobia have occurred even longer after they were bitten. In the adjoining town of Chester, years since, a man died of hydrophobia from the bite of a rabid dog; and this man, during his sickness, bit two persons who were attending him, both of whom died of well-marked hydrophobia, the last fifteen years after.

This horrible disease is fortunately rare, and if the foregoing case will throw any light upon diseases of this character, or be of interest to the medical profession, I shall need no apology for thus imperfectly reporting it in your Journal.

*March,* 1862.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 13, 1862.

The case of so-called rabies, printed above, presents so many remarkable features that one may well hesitate before accepting it as an unequivocal case of hydrophobia. In the first place, the dog that inflicted the bite to which the attack was attributed was not mad. Secondly, it is contrary to the recorded history of cases of hydrophobia that the patient should imitate the manner of a dog by growling and biting. Of the former symptom, the most that we find recorded is, that patients, in clearing the throat of the tenacious mucus which causes them so much distress, sometimes give utterance to a sound which the vivid imagination of bystanders regards as resembling the bark of a dog. When demonstrations of violence are made, they do not usually take the form of biting. The period of incubation of the disease, if hydrophobia, was of extraordinary length, quite beyond that of any authentic record which we have seen. Nothing is said about inflammation of the scar of the original wound, which is a usual symptom in such cases.

> "The most characteristic, indeed, the peculiar feature of the disease," says Elliotson, "that which is, perhaps, pathognomonic, is the effect produced on the diaphragm, and muscles of the throat, by the slightest draught of air, the smallest sudden drop of fluid, or even by the slightest sudden touch that may be made with the finger upon any part of the body. * * * The effect of cold air, &c., even that of a fly settling suddenly upon the skin, of a sudden strong light, the least agitation of the bed or bed-clothes, very much resembles that produced on us all, upon stepping into a cold bath. A sudden and involuntary inspiration is made, followed by several shorter ones; and in case of hydrophobia, the muscles of the throat are, at the same time, violently contracted, so that the glottis violently closes and the attempts of the diaphragm to descend, and of the muscles of the chest to elevate the ribs, are frustrated from moment to moment. The closure of the glottis, however, is not continuous, but alternates with relaxation of the muscles, so that a succession of sobs takes place. These convulsive actions of the muscles of the glottis, and indeed of the throat in general, are dreadfully violent."

None of these symptoms are recorded above.

On the whole, therefore, the case strikes us as quite an anomalous one, and hardly coming within the definition of ordinary rabies. It is certainly one of great interest, and may be regarded as an instance of a peculiar nervous and spasmodic affection, possibly attributable to the bite of a dog not affected with rabies.

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HOSPITALS AND THE CITY HOSPITAL.—In continuation of our remarks in the last JOURNAL, we now propose examining a little more in detail the various publications we have mentioned, and criticizing more particularly the plan suggested in each for a City Hospital.

The pamphlet of Dr. Clark, as we have said, is rather a sketch than a filled out design, but it contains a great deal in the way of suggestion. In it the system of separate pavilions is advocated, and in accordance with this the plan offered by Dr. Clark consists in a square central building, in the rear of which four pavilions are arranged in a line down the long axis of the parallelogram. A large space is thus left in front and in the rear of the line of pavilions—while the central building, containing the various offices, reception room, &c., is conveniently near the street and of ready access from it. The pavilions, he proposes, should each be one hundred feet long by twenty-six broad, and only two stories high. Each story is to be divided into a ward for the accommodation of twenty patients, a nurse's room, bath room and three water closets. The pavilions most distant from the centre he proposes to devote, one to contagious diseases and consumption in those who are not paupers, and for the accommodation of persons during severe epidemics; the other to a lying-in and children's hospital. This certainly is a simple yet efficient arrangement, intended to occupy a lot 540 feet in length by 240 in breadth.

The Report of the Committee of the City Council enlarges upon this considerably, allotting to the Hospital the whole plot of ground contained between Harrison Avenue on the west side and Albany Street on the east, Concord Street on the north and Springfield Street on the south, giving a frontage on the former streets of about 452 feet, and on the latter of about 640—an ample space for every necessary condition for a good hospital of the size estimated to be required by a city the size of ours—including proper separation of the pavilions and desirable isolation of the group of buildings from the dwellings or other erections around.

This report awards to Mr. Gridley J. F. Bryant the first prize for a design for the Hospital, and appended to it is the design, illustrated by a bird's-eye view block plan of the whole lot, with the buildings upon it, a general plan of the buildings, and plans in detail of various portions of the structures. The design may be described generally as presenting a central building, with pavilions connected with it by corridors. This central building is advanced towards Springfield St., the south boundary of the lot having two pavilions each on the east and west sides, placed symmetrically, and ranging east and west, and two in the rear, or towards the north side of the lot, ranging north and south. The other buildings on the lot are, porter's lodges at the entrance and a dead-house in the rear. The central building, while containing the necessary offices on the first floor and accommodations for a steward on the second, affords an operating theatre on the upper, under the dome by which it is surmounted. It is furnished with a "lift," by which patients lying upon a bed can be raised to the operating room without disturbance, and communicates with each pavilion by a corridor, close in winter, but, if desired, open in summer, and laid with a rail, on which patients can be moved on their beds without disturbing them or subjecting them to the slightest jar.

The pavilions exhibit a basement, the floor of which is slightly below the surface of the ground—furnishing a kitchen, dining-room, store-rooms, laundry, drying-rooms, &c.; next two floors of wards, with nurses' rooms, baths, water-closets, &c.—the lower affording a physician's room, the upper a private ward over it. The attic presents a trunk-room, store-room for clothing, and eight bed-rooms for domestics. On the whole, as far as it goes, we see but little to criticize in this plan, viewing it from the point from which it was conceived. We must ask, however, why the two rear pavilions range north and south, while the other four range east and west. In so important a matter as hygiene, mere æsthetics should not interfere; and if it is better that a ward should have an east and west frontage, so as to enjoy through the respective parts of the day the genial influence of the morning and afternoon sun, they should *all* be so arranged. If, however, a good south exposure is considered best, *all* should enjoy it. For our own part, we are decidedly in favor of the latter, for buildings like these—only one room in depth. In buildings like private houses, divided by a wall in the middle, so that the rooms each side of this face opposite points of the compass, we would prefer an east and west frontage, so that every room either side of the middle wall would receive through some part of the day the direct warming, cleansing and purifying effect of the sun's rays. But where there is no north room to be shut out entirely from this genial influence, we would rather have a full south exposure, so that every fair day we may have the sun sweeping in. It will be recollected that we can easily shut out more of this light than we want, but it is a hard thing to coax it in round a corner. With these views we would have the rear pavilions turned round so as to range east and west; and there is no reason why this should not be done, as there is plenty of room for such an arrangement. Excepting this, we consider this plan full, perfect and harmonious in its kind. We may have the same thing, lacking these excellencies, as is shown in the last alteration made in the design for a City Hospital by the city fathers themselves; and we may have, in our estimation, a much better kind or style of hospital.

We will first show how much worse a hospital may be made, by exhibiting the alteration made in the design just mentioned. These are given in "City Document No. 69," mentioned in our first article. It is the report of the Committee on the Free Hospital, and opens with a letter from Alderman Wilson, asking the opinion of the Consulting Physician of the city upon the "*radical alteration* in the plan adopted," made by the Committee on the Free City Hospital. This is responded to by Drs. Jeffries, Clark and Bigelow, and afterwards, we understand, by Dr. Hayward also, saying, after giving their reasons in detail under five different heads, that they "do not approve or recommend the change * * * very properly characterized as 'radical,' but respectfully advise a strict adherence to the original plan." The sole object of the alteration seems to have been to get the front of the structure upon Harrison Avenue instead of upon one of the cross streets; and in doing this—the plot being a parallelogram, of which the sides are to each other as 9 to 13, the frontage being made upon a short side—a radical change had to be made of the relation of all the structures. In the new arrangement the central building is put into the middle of the lot and increased in size. For neither change can we see the least excuse. It was large enough already, in our estimate, for all the purposes for which it was designed or to which it ought to be put. Its greater distance from the street line makes it more inconvenient of access by foot passengers, and brings much unnecessary passing between the pavilions; besides which, its situation there and its relation to the four proposed pavilions, render unavailable ground which might be used for future enlargement of the hospital. The pavilions, too, are increased in size, but not in capacity—by enlarging the projections at each end, making the ground plan of the form of the letter I. This is done ostensibly for the purpose of giving additional accommodation for dining-room, nurse's room, &c. But after deliberately selecting a plan which met the approval of the Consulting Physicians of the city—which, after deliberation, mature enough, surely, if the time it took is any indication—was considered fully satisfactory in all these particulars, what new light has shown that the whole must be altered so thoroughly and "radically?" Then, at additional cost, a Mansard roof is to be put upon each pavilion, making it a story higher than was specified in the original proposals, which story is to be devoted—to what, of all uses?—a lying-in ward! Has ingenuity of misapplication ever gone further? Lastly, the want of economy in the distribution of the buildings is most patent. They are placed too near to each other to permit properly-sized and appointed ones to be interpolated, and too far from each other to allow of new ones beyond; in fact, they seem to be so sized and situated as to occupy the most ground with the least possible benefit—compatible with the show made.

This is our deliberate opinion, carefully weighed, of the alteration made in the design for the City Hospital. It probably does not concern a scientific Journal to go further in its commentary upon this matter, but we cannot help having our own opinion of the whole transaction, and seeing in it another repetition of a frequent occurrence. The city fathers set to work to attain a certain end; science and taste are consulted, opinions duly weighed, the whole measure most properly concocted and elaborated, and a decision arrived at that delights the fond public in the extreme; but, just at the point of its fulfilment, some adverse current sets in, all previous action is abandoned, and by some hocus-pocus, in defiance of the judgment of those who should know best, in opposition to all wholesome and legitimate opinion, another course is decided upon, and a total failure is the consequence. This seems to have been the history of the designs of the City Hospital; and such, we fear, is to be the result of the late action of the City Council.

In continuation, we propose a review of Dr. Green's book, in particular, and to make remarks in extenso on some other publications of a like nature, and upon Hospitals in general—according to our notion of them.

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**Annual Reports of the Massachusetts General Hospital and the McLean Asylum for the Insane.**—The Trustees state that the expenses of the Hospital Department for the last year were $38,954.30; of the Asylum, after deducting receipts from farm account, $63,311.87; making the aggregate expenses $102,266.17. The income was—from board at Hospital, $5,347.27; at Asylum, $64,657.79; total for board, $70,005.06. Income from other sources, $25,991.38—making the whole income $95.996.44, or $6,269.73 less than the expenses. The deficiency of income the last year is shown more particularly in the matter of Free Beds, which, to accommodate 121 patients, cost $33,269.90; whereas the income from funds expressly for the support of these beds and from annual subscribers, was only $14,377.45—leaving a balance of $18,892.45 chargeable to the general fund. It appears that the Corporation are paying interest on a debt of about $50,000. The productive property of the Corporation is estimated at $622,059.91. The Resident Physician, Dr. B. S. Shaw, reports that the whole number of patients treated last year was 1552; of whom 268 paid their board; 32 paid part of the time; and 1252 were entirely free. Average number of patients, 140. The total number discharged was 1412; viz., well, 831; much relieved, 130; relieved, 188; deaths, 99; other causes, 164. Proportion of deaths to the whole number of results, 7 per cent. Number admitted on account of accidents, 297. The number of applicants refused—on account of contagious disease or incurability—was 262. The wards have not been full, and acute cases could have been received at any time. The Physician to Out-Patients, Dr. S. L. Abbot, reports the number of applicants for advice at the Hospital, 4775—viz., medical, 3219; surgical, 1556: Americans, 1798; foreigners, 2977. Number of prescriptions given, 1368. In the McLean Asylum for the Insane there were 187 patients at the beginning of the year; admitted during the year, 111; discharged, 110; remaining at the end of the year, 188. Among the discharged, 54 were considered recovered; 6 much improved; 16 improved; 11 not improved; and 23 died. Dr. Tyler, the Superintendent, thinks the present war has not increased the number of admissions, nor operated unfavorably upon the sanity of the inmates, however it may have affected outside that of certain government contractors and other swindling operators.

ANNUAL COMMENCEMENTS.—At the Annual Commencement of the Cincinnati College of Medicine and Surgery, on the 12th ult., the degree of Doctor of Medicine was conferred on twenty-seven gentlemen in course; *ad eundem*, two; honorary, two. The number of matriculants the last season was 69.—At the twelfth Annual Commencement of the New York Medical College and Charity Hospital, held in Thirteenth street, on the evening of March 4th, the degree of M.D. was conferred upon eleven gentlemen.—There were twenty-one graduates at the Albany Medical College the last year—the lecture term ending in December. The number of Students was sixty-eight.—At the Annual Commencement of the Medical Department of the University of Buffalo, on the 25th ult., the Degree of Doctor in Medicine was conferred on twenty-eight members of the class The charge to the graduates was delivered by Prof. James P. White.

The deaths in Philadelphia, the last year, amounted in number to 14,468—being about 1 in 39 of the population according to the census of 1860. The number of births was 17,271—including 162 twins and 6 triplets. Among the white children there were 745 more males than females; among the black, the females were most numerous.

In the Insane Department of the Philadelphia Almshouse, last year, the number of admissions was 415—which, with the 475 in the institution at the beginning of the year, make a total of 890 treated during the year. Of these, there were discharged, cured, 158; improved, 94; unimproved, 35. Deaths, 80. About 60 per cent were foreigners.

Dr. Lewis A Sayre, of Bellevue Hospital, New York, reports, in the *Medical Times*, one case in his own practice, also one under the care of Dr. Orasmus Smith, Physician to the Workhouse on Blackwell's Island, and refers to another by Dr. Bauer, of Brooklyn, in which delirium tremens was successfully treated by the use of the iced bath. The time of continuance in the bath was in one case nine minutes, in another ten and a half minutes; and the temperature of the water kept at 38 degrees by throwing in pieces of ice.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MARCH 8TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . | 35 | 35 | 70 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 37.1 | 41.6 | 78.7 |
| Average corrected to increased population, . . . . . . . . . | .. | .. | 87.77 |
| Deaths of persons above 90, . . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 14 | 0 | 3 | 5 | 2 | 0 | 0 | 1 | 2 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending Feb. 22d.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . | 29.575 | Highest point of Thermometer, . . . | 42.0 |
| Highest point of Barometer, . . | 30.020 | Lowest point of Thermometer, . . | 6 0 |
| Lowest point of Barometer, . . . | 29.062 | General direction of Wind, . . . | W.N.W. |
| Mean Temperature, . . . . | 23.2 | Am't of Rain (inches), including melted snow, | 2.81 |

TO CORRESPONDENTS.—A Report of a Case of Amputation at the Hip-joint, and a brief description of the Phacindoscope, have been received, and will have an early insertion. A note from Dr. B. will also be attended to.

BOOKS AND PAMPHLETS RECEIVED.—Comments on the Surgery of the War in Portugal, Spain, France and the Netherlands, &c. &c. By G. J Guthrie, F.R S. Sixth Edition. Philadelphia. J. B. Lippincott & Co. 1862.—Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., &c. With three hundred and ninety-five Engravings on Wood. Philadelphia. Blanchard & Lea. 1862.—Dr. L. C. Lane's Introductory Address at the opening of the Course on Physiology in the Medical Department of the University of the Pacific, San Francisco.

DEATHS IN BOSTON for the week ending Saturday noon, March 8th, 70. Males, 35—Females, 35.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—bronchitis, 4—cancer, 2—consumption, 14—convulsions, 1—croup, 3—debility, 1—diphtheria, 2—dropsy, 6—dropsy of the brain, 4—drowned, 1—epilepsy, 2—scarlet fever, 5—typhoid fever, 1—disease of the heart, 1—hernia (strangulated), 1—infantile diseases, 3—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 2—marasmus, 2—old age, 1—pleurisy, 2—sore throat, 1—unknown, 3.

Under 5 years of age, 30—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 46—Ireland, 17—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## GYNECOLOGICAL RECORD OF THE LONG ISLAND COLLEGE HOSPITAL FOR THE MONTH OF NOVEMBER, 1861.

By E. N. Chapman, A.M., M.D., Prof. of Therapeutics, Materia Medica, &c

[Concluded from page 105.]

### COMMENTARY.

The preceding cases present the natural history of uterine ulceration, since few of them had been subjected to constitutional, and none to systematic local treatment. The persistency and gradual aggravation of the symptoms that dated back from one to several years, show that a spontaneous cure, at least in these instances, could not, reasonably, have been expected. More than this; our observations, in a multitude of cases at different periods, prove conclusively to our minds, that the additional aid afforded by general remedies to the resources of Nature are totally inadequate for the removal of an ulceration of any standing. What might be the result in the inception of the disease, few, perhaps none, are competent to decide; since it must be a rare occurrence for any physician to observe the commencement either of inflammation or ulceration of the uterine neck. Invariably, from the locality of the disorder, it has long assumed a chronic type before professional advice is sought, or even before domestic remedies are resorted to: when, if we desire to contend successfully with the disease, we must employ both general and local medication; precisely as we would, under similar conditions, in any other situation in the body. There is nothing special in the morbid states of the vaginal or uterine mucous membrane; nothing specific in the drugs, or singular in their mode of operation, and nothing peculiar in the plan of treatment, notwithstanding the obscurity thrown around female diseases by writers. The mucous membrane everywhere has the same general structure; is liable to the same morbid states, and is amenable to the same remedies. A chronic ulceration, whether situated in the mouth, pharynx, intestines, rectum or on the os uteri, demands for its removal a similar mode of treatment—excitants to the ulcer, to arouse a new action in the part, and certain remedies, whatever they may be, that are demanded by the state of the general health. Cups and blisters to the sacrum, for an ulceration in the rectum; or to the back of the neck, for a similar condition in the pharynx, would not be employed by any physician of the least practical experience; nor would he rely upon astringent washes of zinc or alum, or expect a cure by any constitutional medication alone.

In former years, entertaining serious objections to speculum examinations, we adopted the received opinion that uterine diseases are secondary, not primary, and treated all such by agents calculated to improve the general health; only venturing on such direct means as vaginal injections and cups and blisters to the sacrum. The practice was most unsatisfactory, and of no permanent benefit in real uterine disease. After my connection with the Hospital, great numbers of women with this class of diseases presented themselves, and were examined by the speculum. Caustic substances, of different kinds and potency, were, in addition to general remedies, applied to all ulcerated surfaces that were brought to view. Some cases recovered in two or three months, but of these many relapsed after an apparent cure. The success was greater than formerly, though it was of so doubtful a character as to leave little room for boasting. Leeches to the os uteri were subsequently applied one or more times in recent cases at the outset; and then followed by caustic, with much better results. Finally, however, after many experiments, I have adopted the following practice, which will usually effect a permanent cure in six or eight weeks, often in a less period of time. The ulceration is scarified freely the first two or three visits. Generally, though the loss of blood is trivial, not amounting to more than from one to three drachms, the relief to the local symptoms is remarkable, far greater than that afforded by leeches. The knife, as it were, severs the nervous sympathies between the other portions of the system and the suffering organ. A morbid centre of irritation is broken up, the local feelings of discomfort are relieved, and the constitutional forces rise, as though an oppressive load had been removed. Nervous symptoms, loss of appetite, &c., disappear; and frequently, after two or three scarifications, the patients express themselves as feeling perfectly well, and wonder very much when told that there is little change in the ulceration. Sometimes, however, all of the ulceration visible is removed by this proceeding. In either case, whenever the disease is on the lips of the os uteri, we now introduce the nitrate of silver into the cavity of the uterine neck, as far as the os internum. The solid caustic may be employed, or a strong solution applied by a bit of sponge attached to a flexible piece of whalebone. We have often thus used the caustic at the first visit, and then immediately scarified the ulceration within reach. I have seen severe cases of some years duration cured by this means in four weeks. The same patients have been subsequently under my observation for more than a year, and no relapse took place.

The ulceration of the os uteri is limited, in most benignant cases, to the mucous membrane. There is no loss of substance or excavation; but a crop of weak granulations, slightly elevated, covering the ulcer. The epithelium has been removed, leaving the surface in the same condition as the derma is after the loss of the cuticle. These granulations, almost invariably, occupy one or both lips of the os uteri, which is patulous and puffy. The neck is larger and œdematous, especially the anterior lip, which frequently becomes much increased in size, and indurated. The granulations do not occupy any portion of the vaginal surface of the neck indiscriminately; but bordering upon the os tincæ, or extending outwards, they can be traced into the cavity of the neck; where, as a rule, we think they originate and obstinately remain, until removed by direct applications. For this opinion, aside from actual, clinical facts, we have certain good and sufficient anatomical reasons. The cavity of the neck is lined by a vascular membrane, disposed in folds, for the purpose of affording a large surface for the mucous follicles that are here found more highly developed than in any other parts of the body. These follicles secrete a vitreous, tenacious substance, of a jelly-like consistency, very much like albumen in appearance. Thus a structure is afforded, resembling the tonsils very closely in its normal condition; and, as we think, similarly affected by causes of congestion and inflammation. The other portions of the neck—its vaginal mucous membrane, sparsely furnished with very small and not highly organized follicles; and its substance, composed of the muscular and fibro-elastic tissues—are not prone to ulceration, unless of the destructive kind.

The uterus, during the menstrual life, especially in married females, is subjected to sources of irritation and congestion even more than the tonsils; which, notoriously, by their acute and chronic affections demand both careful inspection, and direct local applications. Previously and subsequently to the cessation of the menses, this form of ulceration is rare; but at the menstrual epoch the causes are in full operation—viz., a monthly physiological congestion; a congestion from inordinate coitus or venereal excitement; and a congestion from the increased nervous and vascular development attendant on pregnancy. These causes are intensified and rendered operative by suppression of the menses, by injuries during confinement, and especially by frequent miscarriages; through which means, a stasis of blood takes place in the uterus, from which the other portions more readily recover than the very vascular folds in the cavity of the neck. The mucous glands become engorged with an adhesive secretion, which at once increases and perpetuates the inflammation.

That the uterine disorder is primary, in the vast majority of cases, is amply shown by the cases falling under my observation. Leucorrhœa, vaginitis, gastric, hepatic and nervous symptoms, which have been proof against constitutional treatment, rapidly yield when this is conjoined to the local. In further confirmation of these views, I will append two instructive cases, selected from those treated during the session of 1861.

Mrs. E., widow, aged 26 years, apparently enjoying good health, certainly not anæmic or wanting in flesh, consulted me at the clinique. She first miscarried, then had a child at the full time. Her present symptoms, dating from the miscarriage, six years since, were aggravated during the subsequent gestation; but, more especially, after her confinement. She had had five physicians—one for a year, the others from four to five months each—whose prescriptions, consisting of constitutional remedies with injections, she had faithfully followed, without the slightest benefit. This poor woman, living at service, had spent her hard-earned wages on the doctors; whose delicacy did not permit them to think even of an examination, save one, who thought it might be eventually *proper*. Her uterine symptoms were of more than ordinary intensity, though of the same general character with those detailed above.

By the speculum, we found the most intense vaginitis, with a spasmodic constriction the entire length of the passage, that obliged us to use a very small instrument. There was a copious, purulent secretion from the vagina; severe pruritus; an enlarged uterine neck, and an ulceration surrounding the os uteri and dipping into the cavity of the neck. The only treatment, the first three visits, was by scarifications; which removed the local symptoms, pain, dragging, pruritus, and nearly subdued the inflammation of the os uteri and the vaginal discharge. At two subsequent visits, caustic was introduced into the cavity of the cervix, and a vaginal injection of borax in solution ordered. The patient was free from all disease in four weeks; and, to my knowledge, remains well at the present time.

Mrs. S., aged 41 years, a widow for nine years, the subject of one miscarriage, and, subsequently, the mother of one child at the full time; presented herself at the Hospital in June last. She had not been vigorous and robust since her 18th year. She suffered from a leucorrhœa before marriage; which, after this event, became profuse and persistent. Her courses were regular, but very free, often profuse, generally lasting for seven days. Her present symptoms, by her statement, date from the miscarriage, twenty years since. These, less severe at the outset, gradually became more aggravated. At the present time, she is extremely nervous and despondent, has great weakness and dragging through the back and pelvis, a feeling of pressure downwards, a copious leucorrhœa, and an excessive flow of the menses amounting to a menorrhagia, which renders her weak from the loss of blood. She is thin in flesh, deficient in rich blood, without appetite, has a thickly-coated tongue and a semi-jaundiced state of the skin. Her bowels are constipated, and the passages are foul and dark colored.

By the speculum, the vagina was found to contain an abundant purulent secretion, the neck of the uterus to be much congested, and the os tincæ to be surrounded by granulations. This patient had taken much medicine to correct the hepatic and gastric secretions, to increase her appetite, to improve her strength and general health, and to enrich her impoverished blood. She had used a variety of vaginal injections, and, for two or three weeks, been subjected to local treatment by caustic, but without benefit.

From the history of the case, the uterine ulceration was thought to be primary, and by its sympathetic irradiations to have perverted the function of the liver, by which means, digestion and assimilation were imperfectly accomplished. Hence it was deemed necessary to institute the general and local treatment conjointly; premising, however, scarifications, the first two or three visits, to relieve the congested condition and morbid irritability of the uterine neck before resorting to means to correct the secretions and promote the general health. Subsequently, she took blue mass, laxatives, and vegetable and ferruginous tonics, and the caustic was employed, as in the other cases, with the addition of occasional scarifications whenever the languid capillaries seemed to demand depletion. The uterine disorder improved slowly but markedly, though the patient continued weak, and lifeless, and did not regain her appetite. As the cure could not be completed without restoring the activity of all of the vital organs, and our medicines were incompetent to this task, she was sent into the country for three weeks. Whilst there, she regained her appetite, and greatly improved in her health. This favorable change continuing on her return, the cure was perfected, on renewing the caustic applications, in the latter part of September.

Since that time, her appetite and digestion have been good, the sallow complexion and the pelvic weight and tension have disappeared, and she has become much stronger and gained several pounds in flesh. Her courses continued free, and leucorrhœa was more or less present. At my request, she came, a few days since, to the Hospital. She stated that, for the last week or two, she had experienced premonitions, through the back and hips, of her old symptoms, and that she had a copious leucorrhœa. By the speculum, it was found that the ulceration had not returned, but that the mucous membrane of the vagina was inflamed. This condition evidently was recent, and probably arose from the great afflux of blood to the parts every month, as shown by the habitual freeness of the menses. For the same reason the original leucorrhœa was never entirely removed.

Case XVIII.—*Miscarriage.*—Mrs. G., aged 27, married eighteen months, twice the subject of miscarriage, the last time two weeks since; applied for advice Nov. 8th. It was supposed that ulceration of the os uteri might be the cause, but on examination none was detected. The woman had been overworked; and now, from a great loss of blood, looked very pale. There was a copious uterine leucorrhœa, that probably arose from the recent miscarriage. This case was treated with tonics, vegetable bitters and iron, and rapidly convalesced.

CASE XIX.—*Vomiting—Pregnancy.*—Mrs. H., aged 32, the mother of nine children, and now pregnant at the seventh month; applied for advice Nov. 16th. By her statement, she had had a low and prolonged fever, attended with dark blotches on the skin; from which, she recovered two months since, but not completely. She continued to be very weak, and did not regain her strength. She had frequent turns of vomiting during the day, looked extremely pale, thin and feeble, had cold hands and feet, heard noises in her eyes, and was often seized with dizziness, &c. The signs of pregnancy were a change in the areola, enlarged milk tubes, uterine globe as high as the navel, child's motions, and sounds of the fœtal heart.

This patient was treated with laxatives, antacids and bitters.

CASE XX.—*Pregnancy.*—Mrs. S., the mother of one child, having ceased to menstruate five months since, presented herself for a diagnosis. By the touch, the uterus was discovered high up, and of considerable volume. The point of the index finger could barely reach the neck, for which reason *ballottement* could not be practised. The uterine globe was evident externally, as high as the navel. By the hand, the motions of the fœtus were felt, though the woman said she was unconscious of them. The pulsations of the heart could not be detected. The breasts were enlarged, had a nodulated feel, and showed a brown color of the areola with enlarged follicles. No milk could be obtained from the breasts for the purpose of examining for the colostrum corpuscles.

CASE XXI.—*Eczema—Pregnancy.*—Mrs. T., eight months pregnant, has for some weeks been troubled with eczema in different parts of her body. She had always been healthy, and never before had any skin disease. She now has a coated tongue, yellowish color of the conjunctivæ, and some unpleasant sensations about the stomach. It was presumed that pregnancy had deranged the digestive functions, and hence had given rise to eczema. Ordered fifteen grains of blue mass, to be followed by a cathartic.

CASE XXII.—*Pregnancy.*—A young woman, unmarried, in perfect health, with full, strong pulse, good appetite, &c., presented herself. She has nausea several times in the day; breasts full and nodulated, areola of the nipple of the natural color, with only two or three mucous follicles enlarged. By touch, the uterus was found much enlarged, its neck shortened and puffy, and by a sudden elevation of the uterus on the point of the finger, a solid body in its cavity was felt to recede. This patient would not allow any further examination.

CASE XXIII.—*Miscarriage.*—Mrs. W., married, the mother of six children, the youngest twenty-two months old; missed her courses for three months; when, eight days since, she had a considerable show, with pain. She wished to know whether she was pregnant at the time. This was diagnosticated.

Case XXIV.—*Amenorrhœa.*—Mrs. F., aged 36; applied Nov. 28th. She wished to learn whether she was pregnant. She had been the subject of three miscarriages, and had had three children at the full time. The last pregnancy, four years since, followed a natural course, and a living child was born. Her courses have been absent for the last five months, excepting a slight show two weeks since. She is pale, thin, badly nourished, debilitated, has a poor appetite, and frequently feels nausea at the stomach. Her breasts are full, the milk tubes enlarged, the areola is of a brown color, and the mucous follicles developed. On examination by the touch, the uterus was found to be of the normal, unimpregnated size. This case was treated with vegetable and ferruginous tonics.

Case XXV.—*Amenorrhœa.*—M. O., aged 14, who had never been unwell, applied Nov. 26th. She was a strong, healthy girl, well developed, and of a good color. The last few days she had been feverish, had fulness and pain in head, and pain in her back, extending over the hips. She was ordered ℞. Tr. guaiaci, tr. aloes, aa ʒ vi.; tr. myrrhæ, ʒ iv.; liq. potassæ, ʒ iiss.; aq. font., ℥ i. et ʒ vss. M. Teaspoonful four times a day. The patient not returning, the medicine was, probably, successful.

Case XXVI.—*Amenorrhœa.*—E. Q., aged 19, lately landed in this country; has missed her courses the last two turns. It being now near the third period, she experiences uneasy feelings through the back, hips, &c. No signs of impregnation were discoverable. She was ordered the same prescription as Case XXV. The cessation of the menses probably arose from a functional cause in the uterus, as the patient was not deficient in flesh or rich blood.

Case XXVII.—*Anæmia — Scanty Menstruation — Leucorrhœa.*—Mrs. St. C., aged 28 years, the mother of two children, the youngest four years old; presented herself Nov. 13th. She miscarried sixteen months before, at which time she lost a considerable amount of blood. Since then her health has been bad. For the last five months, her menses, which had been irregular, became still more so, generally recurring only every fifth week, and scantily. At her periods she has pains like those of labor, and, at all times, she has a dragging sensation over her hips and down the pelvis. She is much debilitated, has no appetite, and suffers from a copious leucorrhœa. By the speculum no ulceration was discoverable, though the symptoms pointed strongly to this condition. The treatment consisted of those means requisite to improve her general health, viz., bitters and quinine at first, and then, when the digestion was improved, the preparations of iron.

This case improved rapidly, when, after five weeks treatment, the symptoms of menstruation presenting themselves, I gave her a combination of guaiacum and myrrh. Since then, she has not returned to the clinique.

Case XXVIII.—*Scanty Menstruation.*—This case was similar to the foregoing. She was married, had one child, menstruated scantily about every fifth week, and was anæmic and debilitated. A similar treatment was followed, and the improvement for three weeks under tonics was marked; but after being ordered the guaiacum mixture, she failed to return.

CASES XXIX., XXX., XXXI. and XXXII.—*Anæmia—Scanty Menstruation.*—These four young girls had all the evidences of a watery state of the blood, with the debility that ever attends it. Their courses recurred regularly, but the discharge lasted only one or two days, and was very slight. The treatment was with the pyrophosphate of iron, bitters, good food, &c.

CASE XXXIII.—*Vaginitis.*—A. F., an unmarried female, 22 years of age; came to the clinique Nov. 2d. From her inability to attend to her work, she was admitted into the female ward of the Hospital. She had great pain, soreness, bearing down in the pelvic organs; also a weariness and dragging extending from her back, over her hips down to her thighs. Her general health seemed to be tolerably good, though she was morbidly nervous, and had an irritable stomach. On examination, the hymen was found intact, the external parts bathed with a yellowish, thin, purulent secretion, the vagina contracted, only admitting the little finger. The smallest speculum in my possession could not be introduced. The case was treated by the application of the nitrate of silver, one drachm to an ounce of water, by means of a swab. Subsequently, a very small speculum was used, and the above solution, diluted with an equal part of water, was poured into its cavity, and thus thoroughly brought to every part. The spasmodic constriction of the vagina gradually relaxed as the inflammation subsided; so much so, that near the close of the treatment a moderately-sized speculum could be introduced without difficulty. The treatment occupied five weeks, before the subsidence of the inflammation. During the latter part of the time, injections of borax in solution were used twice daily; when the caustic was applied less frequently—only every third or fourth day.

We were promising ourselves that we had attained a cure of the disease, which was apparently the case, when severe constitutional symptoms arose, especially obstinate vomiting and constipation. The cause was evidently the non-appearance of her courses, that failed ten days before. It is common for females, recovering from uterine ulceration, to miss one or two periods. Probably the menstrual nidus, occurring under the stimulus of such irritation for a long while, is insufficient when this stimulus is removed; at least, until nature recovers her balance.

The girl's symptoms continued three weeks, and did not show any abatement until the return of her monthlies; when, four or five days after their disappearance, on examination, it was found that the vaginitis was recommencing. This, the 2d of January, was nearly as severe as at first; when the course followed in the first instance was again adopted, with the addition of the internal use of the muriated tincture of iron. Before the next period, the vaginal inflammation was again removed; but the afflux of blood to the uterus during menstruation relighted the disease, but in a much milder form. Latterly, she has been using the borax in solution as an injection, with marked good effects. From the gradually less severe intensity of this recurring vaginitis, there is every prospect of ultimately subduing it, when the general health is restored by tonics.

Case XXXIV.—*Polypus Uteri—Menorrhagia.*—A. F., about 30 years of age, the mother of one child, but unmarried; presented herself the last of October at the clinique. She was nearly drained of blood by a copious discharge, almost constant, only ceasing three or four days in a month; and, at times, amounting to a flooding. By the speculum, the external os was found open, but not diseased. By touching, the finger entered the cavity of the neck readily, but could not pass beyond the os internum. The uterus was considerably larger than natural, movable, and not nodulated. Suspecting that a uterine polypus was the cause of the flooding, I began to dilate the cavity of the neck with the sponge tent, at the same time giving the fluid extract of ergot. This opinion was presumptive, as no adventitious growth could be detected by the uterine sound. She neglected to return regularly, and had two more severe turns of flooding, at which times, she fainted, was convulsed, and remained insensible for more than an hour. She was now admitted into the Hospital, when the dilatation was assiduously followed. The sponge was, every other day, changed for a larger one. As the internal os became distended sufficiently to admit the finger, a globular body began to force itself into and below it. The ergot, that was now given again, failed to cause uterine contractions. The sound, though it passed into the uterus in front, did not reveal a foreign body in its cavity, and the instrument could not be passed behind the polypus, which seemed to occupy, with its pedicle, one half of the circle of the inner os. My colleagues examined the case carefully, and came to the same conclusion. I now attempted to apply a ligature, but failed. The dilatation was still further practised for three or four days; when the finger passed readily around the polypus, and it was discovered that its attachment was at the fundus, by a narrow band of more than an inch and a half in length. The ligature was now applied, without difficulty, by Gooch's double canula, as modified by Dr. Van Buren. The polypus came away on the fifth day, and must have been nearly the size of the closed fist before suppuration took place. The patient, when dismissed from the Hospital, Dec. 15th, had sufficiently recovered to have a natural recurrence of her menses.

This case shows the importance of dilating the os in all similar instances. The polypus failed to present itself in the vagina, though it was large, and had been forming three or four months: and that, too, notwithstanding the free use of ergot, and the relaxation consequent on a great loss of blood.

Cases XXXV. and XXXVI.—*Specific Vaginitis.*—Two cases of gonorrhœal vaginitis presented themselves, but there was nothing in the symptoms or treatment peculiar.

Cases XXXVII., XXXVIII., XXXIX. and XL.—*Vulvitis.*—Four little girls, from 4 to 5½ years of age, had vulvitis. Two of these diseases had been traced to ascarides, and treated by injections of salt and water for the rectum, and by weak solutions of lunar caustic and lead ointments for the vulva. The cause of the disease in the third girl could not be discovered. In the fourth, the foul ulcerated state of the mouth, heavy breath, coated tongue, labored digestion and unhealthy passages, pointed to the digestive organs as at fault, and she was treated by a restricted diet and laxatives containing blue mass.

The above cases, equally with those of uterine ulceration, are instructive; but the length of this report, occupying greater space than anticipated, forbids any comments.

## A NEW METHOD OF AMPUTATING AT THE HIP-JOINT.

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[Communicated for the Boston Medical and Surgical Journal.]

Having had a case, where amputation at the hip-joint was indicated, I took into consideration the expediency of resorting to that rare and formidable operation. In examining into the statistics on the mortality resulting from it, I received but little encouragement to undertake the case. There are many distinguished surgeons who never amputated at the hip-joint, not always for want of an opportunity, but because they follow in the wake of such old authorities as Hedenus, Pott, Callisen, Richerand, Lawrence, and Sir Charles Bell, whose teachings have been to repudiate the operation. It was evident, that the only chance to save the life of my patient, was to amputate the leg at the hip-joint. Under this conviction, it was not long a mooted question to operate or not.

In examining into the statistics of the mortality resulting from amputation at the hip-joint, let us likewise examine, to meet a special purpose, into those of two other formidable operations, namely: excision of the hip-joint, and amputation at the thigh.

In amputation at the hip-joint, according to Roux, about 1 in 2 proves fatal.

In amputation at the thigh, according to Bryant, 1 in 7 proves fatal.

In excision of the hip-joint, according to Price, 1 in 15 proves fatal.

We have, then, an average from the two latter operations, of 1 in 11 proving fatal. Now here I conceived the idea, in order to give my patient the best possible chance for recovery, not to amputate at the hip-joint in any of the usual ways, but to submit him to the double operation of amputation at the thigh, high up, to be immediately followed by that of excision of the hip-joint.

The very important inquiry may be, why are amputations at the hip-joint so fearfully fatal, and those of excision so much less so? It is known that the mortality of amputation at the thigh increases, *cæteris paribus*, as we approach the abdomen, and consequently it stands at the highest point in amputation at the hip-joint. We are inclined to connect the causes of this mortality not with the joint, otherwise excision would be as fatal as amputation, but rather within the integuments of the thigh in its juxtaposition with the abdomen. If this is so, then the *morbi loci* is either confined to the bloodvessels in the shape of phlebitis, or to the nerves as neuri-lemmatitis. The close proximity of these affected parts to the spinal and circulatory centre of the body is very likely to prove highly injurious, if not fatal. We see, then, the importance, in amputating at the great joint, to leave sufficient integuments of the thigh, to keep its reparatory inflammation away from the abdomen and the spinal axis.

In confining the causes of mortality, away from the hip-joint, we dissent from the opinions of Sir Astley Cooper, and many able American authorities. We quote the following from the London *Lancet* for 1853 :—

> " Sir A. Cooper disarticulated the hip-joint in Guy's Hospital in January, 1824, the patient having formerly undergone amputation above the knee. For some time after the operation his health remained very bad, and he was twice tapped for abdominal dropsy, but at length he recovered. Mr. S. Cox quotes the opinion of Sir A. Cooper in a letter addressed to the former surgeon :—' I may venture perhaps to say, that it is an operation that ought not to be performed if it be possible to saw through the bone at the trochanters without opening the capsular ligament. My patient, it is true, recovered, and is now healthy, but the suppuration was excessive, and the articular cartilages exfoliated, and ascites was produced, so that I was obliged twice to tap him, and remove him a short distance from London; all this would have been prevented by sawing through the bone below the insertion of the capsular ligament.' "

If there are many who have the same opinion as Sir A. Cooper, in confining the non-hæmorrhagic causes of danger of amputation at the hip-joint, there are but few surgeons of the present day who would propose this operation, leaving the head of the femur within the capsular ligament, even in traumatic cases. Since the days of Cooper, the experience of the profession in excision of the hip-joint has given quite a different aspect to this subject. In our remarks upon the causes of death in amputation at the hip-joint, we have not referred to that very frequent one, secondary hæmorrhage. This is a subject to be considered by itself, as it is a frequent unhappy sequence not of this operation alone, but of all capital operations.

Thomas Flinn, born in Ireland, aged 17 years, of a strumous habit, says he was taken with hip disease, four years ago, in consequence of getting hurt in pressing hay; a rope caught around the leg above his right ankle, injuring the bones by great pressure, and at the same time giving the hip-joint a violent sprain. After this accident, as the disease of the hip developed itself, the pains were mainly in the knee-joint. Not only the injured leg became seriously affected with necrosis of the long bones, but the pent-up pus, finding its way into the labyrinth of the circulation, caused frequently secondary abscesses, so that there was not a limb that was not lanced several times, and that did not throw off its bony spiculæ, that became consecutive to these abscesses.

Eighteen months ago, I saw the boy for the first time. He was then much prostrated, had a troublesome cough, and *that which caused it, a large abscess* on the outside of the left thigh. The case then appeared somewhat unpromising. I opened the abscess, and put him on

Peruvian tonic, and, contrary to my expectation, he revealed extraordinary recuperative powers. As the suppuration of the abscess decreased, so diminished his cough, until the latter ceased entirely. In a month he was again as comfortable as his condition would admit.

The boy after this frequently importuned me to do something for his radical relief. I made him understand the nature of his case, and that the only chance for him was in the highly dangerous operation of amputation at the hip-joint. A year ago, his friends took him to Albany, and consulted Dr. March, who had no better encouragement to offer than had already been given him. Constant weariness, nocturnal pains, and a stench of the leg so intolerable to his friends that he was kept in an outbuilding by the house, made him so solicitous for an operation that he often, when he saw me, begged, with tears in his eyes, that I would come and cut off his leg. Four months ago, he was affected for the first time with anasarca, confined to the abdomen, scrotum, and the lower extremities. I declined to see so hopeless a case, and another physician was called in. The physician solicited my counsel, on the expediency of resorting to the operation of paracentesis. We resorted to the operation, administered excitant-diuretics, and in a few weeks all dropsical effusion had disappeared. He now rallied once more, his appetite became good, his strength improved, and I noticed him often sitting on the bank of the Hudson, a short distance from his residence, engaged in the recreation of fishing. As he still importuned me for the operation, and finding him in a condition, perhaps more favorable for it, than he would ever be in again, I proposed a time for an accurate examination of the limb, which accordingly I made, and found it swollen, and, above the ankle, and in the upper thigh and hip-joint, highly indurated. About three inches above the internal malleolus, was a foul indolent ulcer, involving a circumference of nearly three inches, dipping abruptly and deeply into the swollen integuments, revealing at its base a diseased condition of the bones. There was considerable bony exfoliation from this great opening, from time to time, through the long course of his illness. It was here that the rope caught his leg, and so violently twisted his body as to hurl him around several times, wrenching severely the hip-joint. I counted six open sinuses confined to the leg:—one a little above the great trochanter; one about three inches below it; another one still lower; one inside the thigh, high up, a few inches from the insertion of the gracilis; one on the same side above the knee; and another one just above the ulcer. They all discharged, more or less, an offensive purulent matter; the one below the great trochanter, and the ulcer, discharging the most freely. His principal suffering was confined to the seat of ulceration, which maintained a slow irritative fever, characterized by great thirst. The limb was apparently two and a half inches shorter than the other, but no measurement was taken. Owing to the highly pathological condition of the integuments of the hip-joint, it was not clear to me whether there was a severing of the neck, with dislocation, or not. There was but a limited mobility of the joint. Owing to the indurated condition of the thigh and around the joint, I doubted the propriety of any flap operation, though I did not look upon this compact condition of the soft parts as unfavorable for the operation, but rather the reverse. The other leg was seemingly free from disease, as well as the rest of the body. The pulse was 85, but by no means strong; still we had sufficient confidence in his recuperative energies, to think he might endure the operation. I gave him an aperient, to be followed by tonics, wine, liberal diet, and other measures to improve his strength. This tonic treatment was enforced for two weeks before the operation.

On the 24th of September last, at 2 o'clock, P.M., we operated. He was examined again, by a medical counsel of the most prominent physicians of this and the adjoining towns. 1. They were unanimous that the prognosis without an operation was unfavorable. 2. That owing to the impaired health of the patient, and to the magnitude of the operation proposed, fears of its result might be entertained; but as we had no guarantee that his condition could be improved hereafter, as he has always manifested strong recuperative energy, and as he himself and his friends appear anxious to have the operation performed, it was unanimously agreed upon to give him the chance it offered. 3. To amputate, as we proposed, by the circular cut at the upper third of the femur, to be immediately followed by the operation of excision of the hip-joint, taking away the entire remaining bone. The amputation *per se* was to meet two, as we considered them, very important indications. 1st. To enable us to secure the bloodvessels with the least possible loss of blood. 2d. To throw the seat of the operation as far as possible from the abdomen, for reasons already assigned. This operation we deemed would give him a better chance of recovery than the usual method of amputating at the hip-joint.

After the patient was placed on the operating table, he had a pulse of excitement of 120 per minute. I bandaged the diseased leg, and giving it into the hands of an assistant to hold it in an elevated position, the following medical gentlemen took interest in the operation:—Drs. H. B. Solomon, of Stuyvesant Falls; J. H. Wheeler, of Athens; J. H. Green, of Medway; J. C. Collins, of Coxsackie; Thomas Norberry, of New York city; Henry Collier, of Athens; Peter V. L. Pryne, of Kinderhook; S. A. Jenkins, of Chatham; John B. Van Dyke, of Coxsackie.

The patient was put under the influence of chloric ether. After he was fairly under its influence, he was taken to the edge of the table, and put into the position for the operation. The tourniquet of Petit was applied for the compression of the femoral artery, but owing to an extensive hypertrophy of the glands below Poupart's ligament, which concealed the pulsation of the artery, the compress was adjusted with some difficulty. Owing to this glandular enlargement, and the indurated condition of the thigh, I apprehended that the compression would be hardly as efficient as it should be. The leg was now held, and firmly supported at an angle of 45 degrees, and with one sweep of an amputating knife, I made my circular incision into the upper third of the thigh down to the bone. The bone was now sawed off. The tourniquet, as we apprehended, had not quite enough force for the efficient compression of the bleeding arteries; but they were immediately secured by digital compression. The application of the ligatures was attended with some loss of time, owing to the compact condition of the muscular parts of the wound. However, great precaution was taken to have as little blood lost as possible. After the arteries were secured by ligatures, and all bleeding at the stump had ceased by exudation, I took a round stick of firm wood, I had made for the purpose, a foot and a half long, an inch thick at the handle-end, tapered gradually to a quarter of an inch at the other end. On the small end I placed one or two layers of cotton cloth, and thrust it with great force into the medullary opening of the femur of the stump. This now in the shape of a handle, as well as a lever to control the stump with, I placed in the hands of an assistant, with instructions to have it firmly held in a line parallel with the body.

We now came to the second stage of the operation—that of excision of the hip-joint. With a large scalpel, I made a quick incision along the track of the bone, commencing on the outside of the stump, and ending it nearly two inches in a straight line beyond the great trochanter, in a T cut. I now cut down to the bone, and carefully dissected from it the two flaps, until about one third of the external face of the bone was exposed; then slipped a sharp watch-spring knife, about twelve inches long, firmly secured at the ends with handles, over the bone from the end of the stump, and with two or three tracting sweeps, shaved the flesh off the bone up to the lesser trochanter. In this cut we severed the superior circumflex, but it was almost instantaneously secured by the finger, until after the excision of the bone. I now took the wooden handle that controlled the bone of the stump, and put it into as strong a position of adduction as I well could, while the two flaps were held apart by assistants, and with a few cuts of a two-edged scalpel, I dissected into the capsular ligament. In reversing the position of the femur into that of abduction, the decayed and cancellated bone broke in two at the neck. A few more cuts disengaged the bone, and with my index finger I hooked out the head of the femur, which was lying loose within the acetabulum. There was no necrosis felt in the cotyloid cavity. Part of its upper rim was absorbed, evidently by a partial dislocation of the fractured neck. Over the lower rim hung a cartilaginous formation, filling up the vacancy caused by this partial displacement. The superior circumflex was now tied, but as we tied it through a hard thickened periosteum (so closely had the flexible knife hugged the bone), we here lost some time, and encountered considerable difficulty in tying it, and it was only by dissecting out a purchase around the orifice of the bleeding artery, that we were enabled to tie it at all. With this exception, this part of the operation was completed with comparatively little trouble, and little loss of blood.

Immediately after the excision of the bone, the anæsthesia was withdrawn, and the dressing of the wound took place, as he was coming out from under its influence. By the physicians present, the loss of blood was estimated at from eight to ten ounces. There was one who made it one pound, but not another present believed the loss to have been so great.

The patient was put to bed, and readily responded to internal stimulants. These were carbonate of ammonia in five-grain doses mixed up in wine, brandy, or hot milk, *pro re natâ*. We allowed liberally of the milk, as it was strongly craved by the patient. I concluded to remain with him for the night. I had him kept perfectly quiet, and applied ice-water to the stump, without disturbing it, every ten minutes, to counteract the tendency to secondary hæmorrhage. About 10 o'clock, P.M., thinking it safe to leave him for half an hour, in charge of his friends, I enjoined absolute rest, and as a precautionary step, laid several pieces of ice around the stump, to be left there until my return. I was told, that, as soon as I left the house, he took advantage of my absence, and frequently changed his position. When in this restlessness, the pieces of ice were displaced, indeed received no attention during my absence, a friction of the walls of the flaps was kept up, and secondary hæmorrhage ensued. When I returned, he looked deathly pale, his pulse was depressed, and he gave me great alarm. I at once examined the stump, and found the dressings immersed in blood. I immediately untied them, except the sutures; these I did not disturb, as I found that the bleeding had stopped. He lost about one teacupful of blood. I made another effort to rally him, both by external and internal stimulants; but it was all in vain, he would not respond to them the second time, and he died nine hours after the operation.

The restlessness in question, was it ominous? Were the frequent changes of the boy's position the sole cause of the hæmorrhage and consequently of the unfavorable termination of the case? Had the presence of a *compressing* clot within the stump, anything to do in counteracting reaction? These were questions that presented themselves to my mind, as I endeavored to bring about reaction after secondary hæmorrhage. I will now endeavor to give them further consideration.

1. The restlessness may have been owing to a petulant desire for change, simply from exhaustion, and from being kept too long in a fixed position. However, it may be that it was ominous, and that it was the first unfavorable indication following the operation. It is true the reaction following the operation was encouraging for the time being; but the ammonia may have concealed its feebleness, as its permanency may be questioned, even if secondary hæmorrhage had not occurred. I have witnessed this kind of reaction before—a reaction that could not maintain itself—in patients that died from constitutional depression with loss of blood. Upon the whole, however, we question whether the shock alone had a great deal to do with the unfavorable issue of the case, but consider that the whole mischief was done by secondary hæmorrhage—not so much owing to the quantity of blood that was lost, as to the time when the bleeding took place. Had the same amount of blood lost in the secondary hæmorrhage been expended in the operation, prior to any effort at reaction, it would in all probability not have proved as detrimental as it did afterwards.

2. After tying the arteries subsequent to the second stage of the operation, I noticed a filling up of the acetabulum with an oozing of blood from its neighborhood. A search was made for a bleeding vessel, and in washing out the parts with cold water, the bleeding ceased. In closing up the wound, I expressed my fears of secondary hæmorrhage from that source, and on the ground of those fears I concluded to remain personally with the patient for the night. I still think that the bleeding came from the neighborhood of the acetabulum, brought on partly by the reaction, and partly by the tossing about of the patient.

3. When I saw the boy, after the secondary hæmorrhage had occurred, the blood had ceased to flow. My attention was therefore given solely to the administration of restoratives. When he failed to be influenced by them, I was loth to think that so small a loss of blood, even in connection with a critical reaction, should be the cause of his pending dissolution. My attention was then directed to the seat of the wound, in search of some cause of depression there. We had there the presence of a clot within the flaps even to give tension to

them. Judging from analogy, if the same should be found *in utero,* after parturition, we would have great constitutional depression to contend with, as we had in this case. The analogy was taken, but not with sufficient conviction of the correctness of our premises to act upon accordingly ; consequently we adhered to medical authority, as the bleeding had stopped, not to disturb the sutures. Nevertheless, I would ask :—Is it safe to cherish a clot?

Should it occur in my experience to amputate again at the hip-joint, I would again adopt the *double operation* as the best. Although this case terminated fatally, we cannot accept it, in passing judgment upon this method of operating. That we could improve on it, by the experience we have had in this case, we freely admit. We would not deviate from the plan as it was enforced in this case ; but would certainly be more guarded, in the treatment of the wound, after the operation, for the prevention of secondary hæmorrhage. In the first place, we would not apply the sutures until several hours after the operation ; or, where we would close up the wound, we would keep the tourniquet in readiness, to be promptly applied at the first exhibition of blood at the bandages, which if it did not suffice, we would carefully search for the bleeding vessels. If these could not be found, we would resort to immediate compression applicable to the case. If the patient has a good constitutional stamina, and is not likely to be injured by a suppurative inflammation, I would resort to a good, mild medicinal styptic to the surface of the wound, or else corrugate its entire face by Arnott's process of congelation, thereby preventing all hæmorrhage by exudation. This may interfere with immediate union, and increase the tendency to suppuration and sloughing; *but as we can give blood for pus, and not blood for blood,* we may sometimes waive any objection on that score.

The following are the advantages in favor of this method of amputating at the hip-joint, over other usual methods.

1. It removes the wound from the body, and thereby lessens, *a priori,* the tendency to mortality.
2. It is performed with less loss of blood.
3. The surface of the wound is less.
4. The flaps are shorter and more massive, and therefore tend less to sloughing.
5. The moral effect on the mind of the patient, by leaving a stump, is a matter worthy of consideration.
6. A sufficient stump may be secured for the adjustment of an artificial leg.
7. Owing to the remarkable close dissection that takes place by using the flexible knife in cutting the bone out of a hypertrophic periosteum, may we not retain the physiological function of that membrane, so as, in course of time, even to give osseous or cartilaginous consistency to the thigh?

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PROF. FECHNER has found that in 103 persons examined, 65 heard better with the left ear than the right, 26 heard the same with each ear, and only 12 better with the right ear than the left. The experiments seem to have been conducted with care, and none of the persons were, before being examined, at all aware that there was any difference in the power of the two ears.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 20, 1862.

Death from Chloroform at the Bellevue Hospital, New York.—The occurrence of a death from chloroform in a metropolitan hospital, although the verdict of the coroner's jury exculpates the house-surgeon who administered it, suggests the inquiry whether the responsibility really devolving upon those who use so dangerous an agent can be thus readily shifted, and whether, in the light of present experience, it is not censurable, to use no stronger term, to expose patients, by the employment of one anæsthetic, to the risk of losing their lives, when in another we possess the means of securing an insensibility which is entirely satisfactory, and at the same time perfectly safe.

In the present instance chloroform was given to a young woman, admitted to the hospital on the 3d ult., for the purpose of manipulating a recent injury of the shoulder-joint; but a very small quantity was used, and that with every precaution, and the patient was not brought profoundly under its influence. She died before the examination was completed. We hear nothing against the quality of the article used; on the contrary, it is said to have been perfectly satisfactory. There was nothing unusual in the condition of the patient, the accident, or the circumstances of inhalation; it was a common case of death from chloroform, affording still another illustration of what all surgeons know, though some of them are reluctant to acknowledge the fact (witness the silence of the New York medical journals with regard to this case), that no care taken, and no purity of the chloroform used, can avert the fatal shafts of this treacherous anæsthetic. It is very true, and fortunately so, that an event of this nature is of comparatively rare occurrence; that it happens for the first time in any particular hospital cannot, however, be claimed as a credit by its surgeons; they have only their good fortune to thank that so long a period of immunity in its use has been permitted them.

We learn that by a vote of the Surgeons of the New York Hospital, chloroform has not been used in that institution for twelve or fifteen years. A resolution formerly offered at the Bellevue Hospital that it should be administered only under the supervision of the attending physicians and surgeons, was not adopted. Such a recommendation now forms a part of the finding of the inquest. If the testimony of Dr. Willard Parker and Dr. James R. Wood in favor of ether is not to be heeded, it is to be hoped the suggestion of the jury will at least be listened to, and that the use of chloroform will henceforth be restricted to as few persons as possible. It is fortunate, perhaps, that the young gentlemen of the medical class of the Bellevue Hospital College, before being scattered to their homes, have had their attention forcibly called to the dangers of an agent which many of them, undoubtedly, have felt to be so innocuous in its nature. We are glad, too, if such occurrences, we can hardly call them accidents, must happen, that this one has preceded the vote about to be taken by the New York Academy of Medicine upon the conclusions of Dr.

Barker's paper on the use of anæsthetics in midwifery. It cannot but make every member feel deeply the responsibility attaching itself to a vote which endorses the superior merits of chloroform for any purpose whatever. Only the other day a correspondent of an English medical journal, writing from Paris, spoke of the hesitation with which chloroform was there given, and of the cries of the half-chloroformed patients undergoing operations by hospital surgeons who do not dare to withhold an anæsthetic, and yet give it with fear and trembling. It seems to us, if facts accumulate as they have heretofore, and men's minds remain open to conviction, and unbiassed by prejudice or partisan feeling, that the responsibility attaching itself to the exhibition of chloroform, will soon be found here, as it bids fair to be in Paris, and (we are told by Dr. Hay, of this city, who has just returned from there) in Vienna also, greater than most surgeons will feel inclined to add to that of an operation.

Our readers will have anticipated us when we say that none of these apprehensions accompany the use of sulphuric ether. It is very easy to heap abuse upon the odor, or the bulk of this anæsthetic agent, or upon the zeal with which Boston defends its claims, and to assert that deaths have been caused by its inhalation. It is not so easy to point them out and prove them such. The burthen of proof rests with the friends and defenders of chloroform. That they have done this we are not aware. It is true that certain cases contained in the ether report of the Medical Improvement Society of this city have been quoted in a very general way against the committee, and one of their conclusions questioned; but no one, we believe, has undertaken to maintain, or show, that in any particular instance a fatal result was really and unquestionably due to the inhalation of pure sulphuric ether. The extent of objection has been that it is not made perfectly clear in certain cases that death *may* not have resulted from this cause. But without regard to the views of that committee, or the Society it represents, of the safety and entire efficiency of sulphuric ether there can be no doubt. Considerations of humanity, therefore, ask for a fair and candid trial of its claims to produce perfect anæsthesia, with a degree of security far superior to any other anæsthetic yet discovered; and we feel perfectly assured that any one who once becomes familiar with its use, will learn to place implicit confidence in the reliability of its properties.

COMMENCEMENT AT THE MASSACHUSETTS MEDICAL COLLEGE.—On Wednesday last, March 12th, thirty-eight gentlemen received the degree of Doctor of Medicine at the Massachusetts Medical College. The commencement exercises were opened by a prayer by the Rev. Dr. Peabody, and after the reading of the selected dissertations by several of the candidates, the degrees were conferred by Professor Holmes. Of the dissertations, all of which were of uncommon merit, three deserve especial notice—that on *Veratrum Viride*, by Samuel W. Abbott, of Woburn; on *Pneumonia*, by Charles Henry Munro, of Pictou, N. S.; and on *Disorders of the Dental Structures causing Distant Neuralgia, without Local Pain*, by William Nichols, Jr., of Brookline. The address to the graduates, by Professor Bacon, was of unusual interest, and was listened to by a large audience, including the Governor, the Hon. Edward Everett, and other distinguished persons.

We are glad to hear that the number of students during the past year has been larger than at any previous time—a fact, when we consider the present condition of affairs, which shows the deservedly high reputation of the School throughout this portion of the country.

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REPORT OF THE SURGEON-GENERAL.—We have received the annual reports of the Adjutant General of Massachusetts, together with those of the Surgeon-General, Commissary-General, Master of Ordnance, and Military Committee of the Council, for 1861. The report of the Surgeon-General comprises 16 pages, and for brevity and clearness is most commendable. It appears that the whole cost of medicines and hospital stores since the commencement of the war in all the regiments, while in camp in this State, to Nov. 7th, was $1,862.07; the cost of the same for the three month's outfit, $8,719.25; the outfit for surgical instruments, dressings, furniture, &c., $12,102.40; making, after deducting the amount returned by the three month's volunteers, a total of $22,441.60. The amount paid for the examination of recruits and medical attendance was $1,732.05.

It is a source of pride and satisfaction that the appointments to the medical corps have been generally such as to reflect credit and honor on our State; and we are not surprised at the relatively small amount of sickness among Massachusetts troops. This exemption from diseases incident to armies, Dr. Dale attributes to the generally healthy character of the season, "the prudent oversight in the selection of camps, the faithfulness and efficiency of the commissariat, and the general intelligence which characterizes the material of our volunteer force; but mainly to the untiring watchfulness and fidelity of the regimental surgeons, and their care and vigilance in all matters pertaining to the hygienic and sanitary condition of the camps." There has been no prevalent form of epidemic disease in the camps situated in our own State; and the number of acute disease has also been unprecedentedly small, and all of a mild type. On the whole, the condition of our soldiers, as shown by this report, is of itself a sufficient proof of the energy, judgment and efficiency of our Surgeon-General and of the medical officers under him, no less than twelve of whom have been appointed to Brigades since the commencement of the war, and nearly all of whom command the respect of both officers and men.

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CHLORIDE OF POTASSIUM.—Dr. J. R. Nichols has sent us a beautiful specimen of this salt, which his own experience has convinced him is in some respects superior to the chlorate of potash. It is by no means a new remedy, however, having gone out of use long since in consequence of its ineffectiveness in the class of diseases for which it was given. Dr. Nichols says of it, "I have tried it in several cases of chronic affections of the throat, with decided good results in every case; also the physicians in whose hands I have placed it for trial, report favorably. In diphtheria and diphtheritic conditions of the throat, it seems to act promptly and efficiently. The result of a year's trial in numerous cases, leads to the belief that it is much more efficient than the *chlorate of potash* in all cases when that salt is presented." From the history of this drug, we should not be led to place that confidence in its merits which Dr. Nichols's experience would seem to warrant; but it remains for further observation to determine with certainty its therapeutical properties.

In a recent letter from an American gentleman in Paris to S. W. Woods, druggist, of this city, the poor quality of the ether there used is mentioned, a fact which we suspect has much to do with the disfavor with which it is regarded there as well as elsewhere. The writer says, "I desire to have some of the best ether for inhalation sent out by the first steamer, to be used in the approaching confinement of a friend. Ether is never used here as an anæsthetic agent, preference being given to chloroform, which I esteem dangerous, and am unwilling to have used. The ether is therefore of a poor quality, and its effects very uncertain and unequal."

THE PHACUIDOSCOPE.—*Messrs. Editors,*—I enclose a brief description of an instrument referred to by me in a lecture recently published. Its name is as here given,[*] not "phænidoscope," as accidentally misprinted in the lecture, nor "phacindoscope," as in your last week's issue. The ingenuity of the contrivance, and the singular light it appears to throw on one of the most interesting problems of physiology, the adjustment of the eye to near and distant objects, will, I doubt not, render this account of it, furnished me by Dr. Hasket Derby, acceptable to many besides professed oculists.

Yours very truly, O. W. HOLMES.

The *phacuidoscope*—or instrument for demonstrating the increase of convexity of the crystalline lens in accommodation for the near—depends in principle on the application of the *catoptric test*, formerly so relied upon for the detection of commencing cataract, but now entirely superseded by the ophthalmoscope and oblique illumination.

It is a familiar fact that a normal eye reflects three images of a candle held before it. These images appear to the observer nearly on the same plane, that of the anterior capsule. Two of them are large and erect, those furnished by the cornea and anterior capsule; one small and inverted, that of the posterior capsule. It is obvious that any change in the relative positions of the anterior and posterior surfaces of the lens, or in the relation of either to the cornea, would produce corresponding changes in the size and relative positions of the reflected images.

The eye to be observed is placed at one end of a brass tube, at the opposite end of which a light is stationed, and its rays concentrated on the eye by means of a double convex lens. This tube is placed obliquely with regard to the patient, so that the rays of light are conducted to his eye from the side rather than the front; and the portion of the tube that is thus brought opposite his eye is furnished with a narrow slit, through which the eye can see and be seen. Opposite this slit the observer is stationed, and regards the eye of the patient through a magnifying glass.

Let us suppose that the observed eye is regarding a distant object through the transverse slit. The three reflected images of the lamp at the other end of the tube are clearly seen by the observer. The patient is now told, without moving his eye, to regard an object that is held up in his axis of vision and close to the slit, in other words to accommodate for the near. An immediate change is noticed in the images. That proceeding from the anterior capsule becomes smaller, sharper, and approaches the corneal image, thus proving the increased convexity of the anterior face of the lens.

A WELL-DESERVED COMPLIMENT.—The Class which has just been graduated at the Medical School of Harvard University, has testified its esteem for the Janitor of the College, Mr. Andrews, by sending him an elegant cake-basket, accompanied by the following letter.

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[*] Phacuidoscope, or Phakuidoscope, from φακῆ, a lentil (lens), ἔιδος, form, and σκοπέω, to look. An instrument for examining the form of the crystalline lens.

Boston, March, 1862.

*Mr. W. B. Andrews.—Dear Sir,*—The undersigned gentlemen of the graduating class of March, 1862, offer their compliments and the accompanying small token of their kind wishes to yourself and family. The offering, though humble in itself, will, they trust, be estimated by you, not for its intrinsic value alone, but rather as a type of their esteem for you as a worthy and well-deserving man, whose course has ever been courteous and judicious—ever preserving an even disposition, and exhibiting fidelity in your difficult position. This Class cannot but appreciate and express their pleasure thereat.

Your position, Sir, is one of acknowledged difficulty, where great forbearance and equilibrium of temper are requirements for peace and harmony. We doubt not, therefore, that you will accept this tribute in the same spirit of kindness with which it is given—and as years roll on, and new faces greet you, we trust that you will still retain an abiding interest in, and happy remembrances of the Class about to diverge—it may be forever—from the College and its happy associations. We are, dear Sir, your friends.

[Here follow the names of the graduates, a list of whom will be found on another page of the Journal.]

A better merited and a more graceful tribute than this, is not often recorded; and it is due to both parties that it should be made known, at least to the medical public. Mr. Andrews has acquired the sincere regard and respect of all those who have been brought into relations with him at the College. His office is a laborious and responsible one, requiring good temper and good manners as well as diligence and fidelity. It is not too much to say, that no person connected with the Medical School in any capacity, performs his duties in a more acceptable manner than Mr. Andrews. Always courteous, always obliging, Mr. Andrews receives visitors, assists Professors, furnishes information to Students, with a natural politeness not so common as it is agreeable. The unexpected, unusual and spontaneous tribute of the graduating Class, is an evidence that there was a kind and generous feeling among them, as well as a ready appreciation of the Janitor's excellent qualities.

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*Woburn, Mass., March 14th*, 1862.

Sirs,—Allow me to make a correction. The article upon Pertussis and its treatment by nitric acid, published on the 46th page of the present volume of your Journal, was written by Dr. William Ingalls, of Winchester, and not by Dr. H. Holmes, of Lexington. As far as I know, the writer never entered any claim for originating this treatment, which is mentioned in Wood's Practice of Medicine, fourth edition, Vol. I., p. 841. The design of the article was simply to give his experience to his associates in the Middlesex East District Medical Society, and the idea of publishing it was suggested to the Secretary by their success in the same mode of treatment. Yours truly,

Ephraim Cutter,
*Sec'y Middlesex East Dist. Med. Society.*

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New England Patients in the General Hospitals of the Army of the Potomac.—A letter dated March 3d, in the Boston *Daily Journal*, from the reliable correspondent in Washington of that paper, gives a list of the sick from the New England troops in the General Hospitals in and around Washington, exclusive of those in Division, Brigade and Regimental Hospitals. We give the numbers only below:—Douglass Hospital, Washington, 16. Hospital at Eckington, Washington, 17. Eruptive Fever Hospital, Kalorama, 8. Indiana Hospital, Patent Office, 21. Circle Hospital, Washington, 3. Hospital, Fifth Street, Washington, 1. Vanderwerken Hospital, Minor's Hill, Va., 11. St. Elizabeth Hospital, near Washington, 3. Seminary Hospital, Georgetown, 11. Union Hotel Hospital, Georgetown, 91; all but 4 from Vermont. Hospital, Alexandria, Va., 40. General Hospital, Annapolis, 70.

MASSACHUSETTS MEDICAL COLLEGE.—At the Annual Commencement of the Harvard Medical School, on the 12th inst., the degree of M.D. was conferred upon the following gentlemen:—

| NAME AND RESIDENCE. | SUBJECT OF THESIS. |
|---|---|
| Samuel Warren Abbott, Woburn, | *Veratrum Viride.* |
| Melbourne Egbert Balcom, Paradise, N. S., | *Signs and Symptoms of Pregnancy.* |
| Joseph Benjamin Baxter, Gorham, Me., | *Diphtheria.* |
| William Lycurgus Bond, Charlestown, | *Œdema accompanying Pregnancy.* |
| Llewellyn Brown, Norridgewock, Me., | *Acute Peritonitis.* |
| Frank Eastman Bundy, Boston, | *On the Treatment of Strangulated Inguinal Hernia.* |
| John Howe Clark, Amherst, N. H., | *Diabetes.* |
| Augustus Peck Clarke, Bristol, R. I., | *Pericarditis.* |
| Joseph Franklin Coolidge, Westminster, | *The Functions of the Liver and the Uses of the Bile.* |
| Homer Crow, Truro, N. S., | *Bright's Disease.* |
| Samuel Alonzo Davis, Bridgeton, Me., | *The Influence of the Mind on the Body.* |
| Thomas Menzies Drummond, Kingston, Jamaica, | *Etiology.* |
| Daniel Farrar, Troy, N. H., | *Phthisis Pulmonalis.* |
| William Lyman Faxon, Quincy, | *The Importance of Simplicity in the Practice of Medicine.* |
| William Kelley Fletcher, Claremont, N. H., | *Laryngitis.* |
| William Borrowe Gibson, Boston, | *Diphtheria.* |
| Samuel Lamson Gould, Jr., Albany, Me., | *Diphtheria.* |
| Nathaniel Green, Jr., Boston, | *Leucorrhœa.* |
| Horace Pierce Hemenway, Somerville, | *Chlorosis.* |
| John Homans, Boston, | *Diabetes.* |
| Smith Alexander Jenkins, Chatham, N. Y., | *Metrorrhagia, its relations to Utero-placental Histology — its Canses and Treatment.* |
| Daniel Frye Leavitt, South Danvers, | *Wounds.* |
| John Kingsley Lewis, Constantia, Ohio, | *A Review of the History of Medicine—glancing at its Advancement and some of its Defects as a Science.* |
| William Henry Macdonald, Antigonish, N. S., | *On Simulated Diseases.* |
| Charles Henry Munro, Pictou, N. S., | *Pneumonia.* |
| William Nichols, Jr., Brookline, | *On Disorders of the Dental Structures causing Distant Neuralgia, without Local Pain.* |
| Jansen Tasman Paine, Charlestown, | *Thoracocentesis.* |
| Joseph Brown Reynolds, Concord, | *Regimen.* |
| Michael Roberts, Lawrence, | *Conjunctivitis.* |
| Benjamin Woolridge Robinson, Marblehead, | *Phthisis Pulmonalis.* |
| James Duncan Ross, Truro, N. S., | *Opium.* |
| Edward Manning Skinner, St. John, N. B., | *Opium.* |
| George Lyman Smalley, Quincy, | *Disease of the Mitral Valve, followed by Hypertrophy of the Left Ventricle of the Heart.* |
| Charles Sturtevant, Newton, | *Malaria.* |
| Charles Henry White, Watertown, | *Gun-shot Wounds.* |
| Joshua Green Wilbur, Boston, | *Modern Improvements in Materia Medica.* |
| Albert Wood, Northboro,' | *Stricture of the Urethra.* |
| Warren Adams Wright, Norridgewock, Me., | *Talipes.* |

D. HUMPHREYS STORER, *Dean of the Medical Faculty.*

ANNUAL COMMENCEMENTS.—At the late annual commencement of the Pennsylvania College of Dental Surgery, in Philadelphia, the degree of D.D.S. was conferred on nineteen gentlemen. The valedictory address was delivered by J. L. Suesserott, M.D., D.D.S., Professor of the Principles of Dental Surgery and Therapeutics.

The exercises at the annual commencement of the Medical Department of Lind

University, Chicago, took place on the 4th inst., when the degree of Doctor of Medicine was conferred on sixteen gentlemen. The honorary degree was conferred on Dr. F. R. Payne, of Marshall, Clark Co., Ill. The valedictory address was delivered by Prof. J. H. Hollister.

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THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.—At a meeting of this Society, recently held in this city, the following statement and resolution were unanimously adopted :—

*To the Senate and House of Representatives of the United States,*
*in Congress assembled:*

The Massachusetts Homœopathic Medical Society beg leave to state, that from New England alone petitions for the admission of homœopathic surgeons into the army and navy have recently been presented to Congress, signed by more than thirty thousand legal voters, embracing a large number of persons in high official position, persons eminent for intelligence, respectability and wealth, and representing all classes and interests of society. Numerously signed petitions of a similar character have been presented from other sections of the loyal States, and also from various regiments now in the service of Government.

This Society would further represent, that homœopathy is a well-tried and demonstrated system of medical practice, based upon an established law of nature, and has stood the test of rigid and accurate observation in Europe and in this country, in public institutions and in private practice, among the most discriminating and conservative classes, and is now fully established in the confidence of every intelligent community. That in Europe it has no less than *twelve* hospitals, and numerous dispensaries, and in this country is practised by more than three thousand five hundred educated physicians, has five legally authorized medical colleges, and supports several hospitals and dispensaries. That homœopathy is, by the action of various medical boards, virtually excluded from the army. The Medical Commission of Massachusetts has by vote declared, that it cannot recommend any surgeons believing in it; the Medical Commissions of other States have in a discourteous manner refused to examine homœopathic surgeons; and the Army Medical Board at Washington has sedulously endeavored to exclude from the army all homœopathic surgeons, and from the army hospitals all homœopathic practice.

And as, in many of the regiments now in the service, a large number have been accustomed to, and prefer homœopathic treatment, therefore, this Society respectfully and earnestly request Congress to make such provision as shall meet the wants of this class, and would recommend the following propositions :—

1st. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed.

2d. Whenever a majority in any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made.

3d. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment.

4th. As allopathic surgeons are, by their education and position, necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine.

As in this emergency of our country the utmost catholicity is very justly and properly allowed in all the religious and political appointments of the army, this Society deem it in the highest degree intolerant to exclude thoroughly educated and competent homœopathic surgeons, whose appointment would, by exciting emulation, naturally serve to elevate the standard of medical skill, and secure for the soldiers increased care and attention.

*Resolved*, That a copy of the above statement be sent to Hon. Henry Wilson of the United States Senate, and Hon. B. F. Thomas of the House of Representatives, with the request that it be presented to both Houses of Congress.

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RESIGNATION OF PROF. C. D. MEIGS.—At the close of the last lecture term of the Jefferson Medical College, in Philadelphia, Prof. Charles D. Meigs resigned the Emeritus Professorship of Obstetrics and the Diseases of Women and Children. Dr. M. has been connected with the College for twenty-five years, and he now takes leave of it and of the more active duties of the profession.

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Excision of the Clitoris as a cure for Masturbation.—Dr. E. S. Cooper, Editor of the *San Francisco Medical Press*, relates two cases of removal by the scalpel of the clitoris in young girls who were inveterately addicted to the habit of masturbation, and for whom there was apparently no other alternative but hopeless insanity or an early grave. The result was a perfect cure in one case, and in the other the practice was broken up, and all the mental faculties improved except the memory, which is not restored.

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The Pharmacopœias of France and England.—It is rather curious that these two works should be under revision at the same period. The transformation will, however, be more complete in England than in France, as the distinctions between English, Scotch and Irish Pharmacopœis are to be abolished. In a scientific point of view, there is every prospect in France of a very near approach to perfection, as the committee appointed comprises the best heads of the Faculty of Medicine, the School of Pharmacy, and the Academy of Medicine. To these are added high officials of the Education and Worship Board, and two of the most talented Paris *pharmaciens.—London Chemist and Druggist.*

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It is recommended, in the *American Journal of Pharmacy*, that the American Pharmaceutical Association hold a meeting this year. Last year it was omitted on account of the then threatening war. Many of the members of the American Medical Association are also in favor of a meeting this year—the proposed one at Chicago last year having been postponed.

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## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, March 15th, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . . | 31 | 34 | 65 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 36.3 | 36 5 | 72.8 |
| Average corrected to increased population, . . . . . . . . . | .. | .. | 81.28 |
| Deaths of persons above 90, . . . . . . . . . | .. | 1 | 1 |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 17 | 0 | 0 | 3 | 5 | 0 | 0 | 0 | 2 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending March 8th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . . | 29.595 | Highest point of Thermometer, . . . . | 41.0 |
| Highest point of Barometer, . . | 29.860 | Lowest point of Thermometer, . . | 13.0 |
| Lowest point of Barometer, . . . . | 29.182 | General direction of Wind, . . . . | W.N.W. |
| Mean Temperature, . . . . . | 30.1 | Am't of Rain (inches), including melted snow, | 3.93 |

Correction.—In our remarks upon Hospitals in the Journal of March 6th, we inadvertently made an error of two years as to the time when the first circular was addressed to the physicians of Boston on the subject of a City Hospital. It should have been 1849 instead of 1851.

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To Correspondents.—The following papers are on file, and will, if possible, appear in our next issue:—Wound of the Œsophagus, &c., by Dr Osgood, of Boston; Report of Sixteen cases of Wounds in the Army connected with Gen. Burnside's Expedition, by T. H. Squire, Surgeon.

Extra pages, it will be noticed, are given in the Journal to-day.

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Deaths in Boston for the week ending Saturday noon, March 15th, 65. Males, 31—Females, 34.—Abscess, 1—accident, 1—anæmia, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 2—consumption, 17—convulsions, 1—debility, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 6—scarlet fever, 3—hæmorrhage, 1—disease of the heart, 2—disease of the liver, 2—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 5—marasmus, 1—measles, 3—old age, 2—paralysis, 1—tumor, 1—unknown, 2—whooping cough, 2.

Under 5 years of age, 27—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 4—above 60 years, 7. Born in the United States, 47—Ireland, 15—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# WOUND OF THE ŒSOPHAGUS, FOLLOWED BY EMPHYSEMA, INFLAMMATION, PNEUMONIA, PLEURISY, PERICARDITIS, DEATH.

By W. Osgood, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

Harriet N——, aged 11 years—the subject of these notes—was a rather delicate child, of fair complexion and spare habit, having suffered more or less for the past year or two from dyspeptic symptoms and general debility.

On the morning of the 22d of November, 1861, she called at my office, saying she had swallowed a piece of chicken bone, and that it had lodged in her throat. On my applying an instrument to depress the tongue, she said the bone went down, and she felt that she was rid of the obstruction. No bone could be seen by looking into the fauces, and I supposed the trouble to be removed. Very soon after returning home, she vomited once, and during the day she felt a slight soreness about the throat, frequently attempting to clear her throat of mucus. She had no pain, but complained of not feeling very well, though nothing was thought of it by the family, as she frequently had days of not feeling quite well. She passed a comfortable night, but the next morning there was the same sense of irritation about the throat—somewhat greater than the day before. The following night she was restless, and did not sleep well.

On Sunday, P.M., Nov. 24th, I was called to see her for the first time. She was suffering from a slight headache, considerable soreness of throat, a hard swelling on the right side of the neck in front, somewhat painful, and contraction of the muscles of the same side, with pain. The skin was cool and pale, pulse rapid and feeble, tongue natural, no appearance of inflammation about the fauces. Ordered a pill containing one grain of ipecac. and one grain of opium, and the application of cloths wrung out in warm water to the neck.

Nov. 25th.—Symptoms same as yesterday, but more severe. The swelling, which commences abruptly, immediately below the angle of the jaw, bordered in front by a defined line exactly over the trachea, and posteriorly by a line less definitely marked, running downward and somewhat forward from the mastoid process of the temporal bone, has extended down the chest as far as the lower edge of the sternum. This swelling is quite painful, and feels hard and brawny; in color dark red, approaching to livid in the upper part. The muscles of this side of the neck are so much contracted that the head is drawn far to one side; all movements, both of the head and upper part of the body, are very painful. Deglutition easy, but little or no appetite; no thirst. To continue the treatment.

Nov. 26th.—Had a bad night, and the same symptoms continue and are more severe; pulse 160; pain in head, and running down the back and shoulders; swelling extending further back; skin cool and pale; no thirst; no perspiration. Ordered a dose of castor oil, which operated sufficiently, and one pill at night.

Nov. 27th.—No headache; all other symptoms remain without improvement; pain in lower front of left chest. Ordered five drops of tincture of veratrum viride every four hours; two pills at night. The veratrum producing no effect, was suspended after the fourth dose had been taken.

Nov. 28th.—All symptoms more severe. Pain in left chest increased. Respiration short, like that of pleurisy, 50 per minute. Swelling in neck and chest very hard and painful. A little perspiration for a short time in the morning, but the skin is generally cool, dry and pale; pulse 160 or more; tongue nearly clean and moist; no thirst; ordered sweet oil to be applied to the swelling, and a covering of cotton wool; oil of turpentine to the left side; ℞. Spts. æth. nit., liq. ammon. acet., aa ℥ i.; potass. nitrat., ℈ i. M. One drachm to be taken every three hours; and an opiate pill at night.

Nov. 29th.—At 5, A.M., she awoke with very severe pain in the chest, not confined entirely to the side of the pleurisy; great dyspnœa; her eyes were fixed, lips and hands became purple. After this condition had lasted some minutes, she began to cough, and raised a quantity of mucus, when these alarming symptoms subsided. This was followed by a tolerably free perspiration for a little time, and she became quite easy. Considerable pain in bowels, particularly in right iliac region; respiration and pulse about the same as yesterday. To continue treatment, and take three compound cathartic pills. The pills did not operate, and she had an enema, which was followed by a full dejection. More comfortable. To take liq. morph. sulph. ʒ i. p. r. n. Up to this time there is no abatement of the pulse, which never fell below 160, and was frequently higher, small and feeble; and the respiration was never below fifty, and at times even more than that.

Nov. 30th.—She passed a tolerably comfortable night, and slept a considerable part of the time from 12, to about 5, A.M., when she was seized with an attack very similar to the one described in yesterday's report. When I arrived, at about 5, A.M., I found her free from pain, and in every respect more comfortable than she had been for six days. Pulse 140, full and strong; respiration 40, free and natural; the whole body bathed in a most profuse perspiration; cough, with slight expectoration. On examining the left chest, I found pneumonia of the lower portion of the lung present. There was considerable thirst, and she ate quite freely of light food. At 10, A.M., Dr. Buckingham saw her with me, and her condition at that time seemed even more promising that it had in the morning; and so continued through the day and evening. She took light food, and occasionally a teaspoonful of the solution of morphia; slept considerable through the day and following night.

Dec. 1st.—She awoke this morning about 7 o'clock, much as she had the two previous mornings, but did not rally as she had before. When I reached her, at about 8, A.M., she was breathing with great difficulty; her extremities were becoming cold and purple, eyes fixed, and she seemed to be dying from suffocation. I attempted to give some stimulants, but she was unable to swallow, and she died after the most violent struggles at about 9 o'clock—two hours after she awoke from a tolerably quiet sleep.

*Post-mortem* examination by Dr. Ellis, 30 hours after death.

Head not examined. The neck was much swollen, of a greenish color, elastic and resonant, but collapsed immediately after incision. The cellular tissue beneath the surface contained much pus. The anterior mediastinum was also infiltrated with light brown, offensive pus. The same was undoubtedly the case in the cellular tissue of the abdominal parietes where the swelling was noticed, but the examination of this part was inadvertently omitted. Each pleural cavity contained about half a pint of offensive purulent serum. The left lung was slightly adherent. Both lower lobes were somewhat compressed, and a small part of the left was decidedly inflamed, portions perhaps a quarter of an inch in diameter being yellow, as in the third stage of pneumonia, but with browish centres, as if sloughing had taken place. The pericardial surface was smeared with a thin layer of soft, recent, fibrinous material.

In the anterior wall of the œsophagus, about an inch below the margin of the larynx, was a longitudinal sharply-cut slit, perhaps one third of an inch in length, extending entirely through the coats. Between this and the trachea was a small well-marked cavity, but not limited by any membrane. Its inner surface had the same appearance as the tissue of the anterior mediastinum. It was evidently the source of the extensive cellular inflammation, which also extended to the peritoneum covering the liver, but there was no general peritonitis.

The other organs were normal.

The diagnosis in this case was obscure from the beginning. In the first place, we know that there was a piece of bone lodged in the upper part of the œsophagus for a few minutes on Friday morning. This seemed to be a slight accident, and was not immediately followed by any serious troubles. From 36 to 48 hours afterwards, an emphysematous swelling commenced at the side of the neck, and slowly increased for four or five days, accompanied by pain and stiffness of the neck. On the fifth occurred pleurisy, and probably pericarditis about same time, perhaps earlier. On the eighth day pneumonia, with decided amelioration of symptoms. From a very early date the pulse was small, feeble and very rapid. This was at all times *the* alarming symptom. There was throughout very great constitutional disturbance, but the symptoms were such that none but a somewhat expectant treatment seemed to be judicious.

The case is interesting from the infrequency of such accidents and the remarkable train of affections following so slight a wound.

*March* 15*th*, 1861.

## DR. COALE'S ESSAY ON ANEURISM.

[Continued from page 132.]

*Brasdor's Method.*—Seeing many cases of aneurism in which the sac was too near a great artery or to a central cavity to admit of a ligature being placed upon the artery between it and the heart with safety, it occurred to Brasdor, a French surgeon of the latter third of the last century, that by stopping the flow beyond by a ligature on the distal side of the tumor, a cure might be effected. This suggestion he was unable to carry into effect himself, but he communicated it to his friend Deschamps, who tried it for the first time in a case of aneurism at the upper part of the thigh. This case was an unsuccessful one, yet it served to turn the attention of surgeons to this method. What has been done since then with this operation, we learn chiefly from the thesis of M. Villardebo.* He gives fourteen cases, divided into two classes. The first class consists of those in which there was no vessel given off between the sac and ligature. Of these there are in all five cases—two cures and three deaths. In the other class, in which vessels were given off between the ligature and the tumor, there are nine cases given, of which only one was successful. One died from erysipelas, and seven from hæmorrhage occurring in the unarrested progress of the disease.

We have seen a successful case reported of carotid aneurism operated on by this method, but we cannot now lay hands upon it.

The above given list, from Villardebo, certainly does not speak very favorably for the operation. Wardrop, however, who performed one of the successful and two of the unsuccessful operations above mentioned, in his article on Aneurism in the *Cyclopædia of Practical Surgery*, 1841, still commends it. He says: "It has been adopted by Bush, Lambert and Montgomery in cases of carotid aneurism, and the result of their operations has proved the soundness and practical utility of the principle."

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* De l'Operation de l'Aneurisme selon la methode de Brasdor. Paris, 1831.

The merits and demerits of Brasdor's operation we think can be readily summed up.

For the first the ligature is placed upon a much more accessible part of the artery in those cases for which the operation is more particularly devised—aneurism of the innominata. common carotid and subclavian; and the ligature can be placed on a part more healthy than the artery close to the aneurism would be. Then it has been objected that it still leaves the attenuated walls of the sac exposed to the impetus of the current of blood. and liable thus to be burst. In answer to this. it will be remembered that the current of blood through an aneurism need not be entirely obstructed. but only checked, to make it deposit fibrine more rapidly. The walls of the sac, therefore, will soon be strengthened by these deposits, and at last the cavity be filled with a solid mass. Mr. Wardrop even goes further in his confidence in this method of operating. and advocates putting a ligature on one of the branches of an artery. if the main trunk cannot be ligated beyond the sac. He says. this will sufficiently deaden the flow to permit fibrine to be deposited speedily enough to effect a cure. In support of this view. he gives an interesting case of aneurism of the innominata upon which he operated. The right carotid was almost obliterated by the pressure of the tumor. He put a ligature around the subclavian. in the supra-clavicular space, and of course beyond the origin of the vertebral. thyroid and main arteries. through which a current still passed. The details of the case are too voluminous to give here: but in brief we can say. that the pain and dyspnœa lessened from that moment. the general health improved steadily. and a perfect cure was established. In this case. the obliteration of the carotid was a great point. Had it been patent. the result. we fear. might have been very different. The only additional paper we can find on this subject of the operation of Brasdor, or of Wardrop. is one read by M. Diday. in April. 1843. before the Academy of Medicine in Paris. It is the result of his theories deduced from the practice of others. and gives us no further light. Reviewing all that we have learned about this method of treating an aneurism, we must sum up our opinion by saying. we consider it an operation to be used in desperate cases. with some little hope of its being efficacious.

We trust that in giving the foregoing exposition of the different methods of treating aneurism. we have pointed out with sufficient care and explicitness the deficiencies and weak points of each. and also shown their peculiar excellencies and their individual fitness to particular kinds of cases. Beyond all this. however. each case has its own distinct peculiarities. which may greatly modify the application of any general rule. Of these the surgeon in charge must and alone can judge. and we have therefore not carried our directions out too restrictively and minutely, but we hope we have been sufficiently clear in the enunciation of general principles to enable each one to do this readily for himself.

## ANEURISM OF THE BONE.

Our desire to leave no part of the subject set before us untouched, induces us to put the above heading to this branch of it. It is undoubtedly true that there is such an affection of the arteries of the bone as aneurism. Some few cases have been described which were clearly and distinctly affections of the osseous arteries, precisely similar to those of other arteries which we have been describing by that name. But as yet these cases on record are few in number, and not well analyzed; the consequence is that we have great difficulty in sifting out what belongs to this class of affections, and what we should call osteo-sarcoma, encephaloid of the bone, spina ventosa, &c. The three sources from which we gather our information on this subject are as follows:—In 1827, M. Lallemand published a case of affection of the end of the femur. This pamphlet was entitled "*Observations sur une tumeur aneurismale accompagnée de circonstances insolités.*" To it was appended a paper by M. Breschet, "*Observations et Reflexions sur des Tumeurs Sanguines d'un caractère équivoque qui parraissent être des Aneurismes des arteres des os.*"

The next is a paper in the *Medico-Chirurgical Transactions* for 1846, by Edward Stanley, F.R.S., "*On the Pulsating Tumors of the Bone, with an account of a case in which a Ligature was placed around the Common Iliac Artery.*"

The third source is a paper by Dr. Carnochan, originally published in the New York *Medical Gazette* for January, 1853, and afterwards separately in pamphlet form, entitled "*Remarks on Osteo-aneurism, with a case involving the Condyles of the Left Femur.*"

We will now proceed to give a digest of these three.

Lallemand's case was a Naval Captain, aged 45, but much worn by a hard life and suffering from disease. His right leg was wasted —the knee nearly twice its natural size, surrounded by varicose veins; the skin tense and shining; the leg was bent on the thigh; its movements nearly obliterated. The pain was excessive. On the inner side of the ligamentum patellæ was a tumor the size of half an egg, and distinctly pulsating. On the external side, and directly in front of the head of the fibula, was another tumor, a little smaller, but also pulsating. Pressure on the femoral artery commanded these pulsations. This artery, after much deliberation as to the nature of this affection, was tied. In two months the patient rose from his bed, and in three could walk without crutches. Information received some time after, represents the man in good sound health.

Such in brief, and yet including all points necessary for us, is the case which M. Lallemand occupies five quarto pages in detailing. M. Breschet's "Reflexions" are very interesting. He asks four questions pertinent to the case:—

1st. Has the affection described by Lallemand been described by other authors?

2d. Was this affection an aneurism?

3d. Can these affections of the cellular tissue of arteries be confounded with other affections of the osseous structure?

4th. Was ligature the best method of cure, and should it be adopted in all such cases?

To answer these questions, M. Breschet goes at once to the records of surgery, and first details a case given by Fabricius Hildanus, of a soft pulsating tumor of the lower end of the femur of a young girl who died after amputation of the leg. He next quotes from Ruysch, and then goes to Pearson, Pott, Scarpa, Boyer and others. Many of the cases given by these authors he copies verbatim. We cannot follow him through them all, but must be content to give the results. But in thus being forced to limit ourselves and to give conclusions alone, without the steps by which they were arrived at, we must say a little more of Breschet's work. In addition to the five pages of Lallemand's description of his case, Breschet adds thirty-seven of his own, of quarto size, in answering the questions before propounded. We presume this publication is pretty much out of print, and therefore not accessible to many readers. The copy before us belonged to Baron Dupuytren, presented to him by Lallemand himself. We would not have been thus prolix about the essay, but we wished it clearly understood how thorough it is and how minutely we have gone into it, and that the results we give are not unconsidered or from unreliable sources.

The second question, "Is the affection an aneurism?" is the most important to us, and is entertained thoroughly, we may say exhaustively. We have not, to be sure, the minute microscopic investigations of the present day, but we have fine natural powers of observation well drilled; marking out what should be assigned to malignant disease amongst the various pulsating vascular tumors of bones that the records of surgeons present us with, to fungus hæmatodes, &c.—what to vascular non-malignant tumor, and what, if any, is left for pure aneurism of the osseous arteries. The case we consider clearly and strongly made out of a morbid condition, as follows: Non-malignant—consisting of a dilatation of the artery supplying the bone, precisely similar to the same affection in other arteries; sometimes taking the form of a sac, expanding to one side of the main trunk, like an ordinary aneurism, but oftener enlarging generally in every direction, assuming that form of disease described by Mr. Guthrie as preternatural dilatation. In other words, an aneurism or arterial dilatation may take place on an artery running inside of a bone just as thoroughly as it may affect a vessel anywhere else. At first sight, we should suppose the bony structure around would sustain the artery and save it from this dilatation, or prevent the formation of an aneurismal sac. But it is not so. We find, to our surprise, that when an artery within a bone commences to dilate, or where an aneurismal sac is formed upon it, precisely the same phenomenon is repeated that occurs when an aneurism is increasing its growth on the outside but in close proximity with a bone. This, we have already mentioned, is an absorption of the osseous structure wherever the aneurismal sac presses against it.

In Mr. Stanley's paper, from the *Medico-Chirurgical Transactions*, he makes a distinction, as does also Breschet, between the different kinds of vascular tumors of the bone, and speaks of some as being formed of a sort of erectile tissue, whilst others (particularly a case communicated to him by Mr. Luke) exhibit a regular aneurism within the bone. "The lower end of the femur was found expanded into a spherical tumor, in the interior of which were cells of varying size, some of the largest about an inch in diameter, and filled with blood."

(To be continued.)

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## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 24th.—*Diseased Heart.*—Dr. BORLAND showed the specimen.

The tricuspid valve was much contracted, so that it could not have closed the orifice The mitral valve was so much contracted that it would not admit the tip of the finger. There was also some thickening of the aortic valves, but not enough to interfere with their function. The cavities behind the mitral valve were hypertrophied and dilated, while there was no change in the left ventricle.

The dropsy was universal.

The patient was a young woman, who entered the Channing Home, June 14th, suffering then from hysterical aphonia, which disappeared in three weeks. A year previously, she had had acute rheumatism, which was followed by disease of the heart. In September she had difficult micturition, with a dirty, yellowish appearance of the skin, nausea and increased difficulty of breathing, with palpitation. The strength continued to depreciate, and the circulation to be more and more interfered with, so that in October a warm bath produced great lividity and intense headache. In November, anasarca became especially noticeable, with a loud, harsh, bronchitic cough, which assumed more and more of a paroxysmal character, and increased in December, so that she had to be etherized, to obtain relief. The irritability of the stomach increased. She was then seen by Dr. Bowditch, who agreed that nothing could be done beyond stimulants, ether during the paroxysms, and careful watching and nursing. Jan. 2d, the ascites and anasarca had increased to such an extent that she was tapped, and eight quarts of serum were drawn off, besides copious leaking afterwards. This relieved the feeling of distension, but not the heart symptoms. She was again tapped towards the end of the month, but no fluid followed. She died Feb. 6th. The treatment consisted in arterial sedatives, digitalis, colchicum, buchu, hydrocyanic acid and oxalate of cerium to quell the vomiting. She obtained the greatest relief from the inhalation of ether during the last two months.

FEB. 24th.—*Poisoning from eating Partridge.*—Dr. PARKS reported the following case.

On the 10th inst., a lady who had eaten partridge for dinner was attacked, a half hour afterwards, with chills, tinnitus, deafness, obscure vision, and oppression at the epigastrium. These symptoms were followed by loss of consciousness, vomiting and slight convulsive action. When seen by Dr. Parks, an hour after the attack, she was partially conscious and vomiting; the pupils were moderately dilated; the pulse 52, weak; the skin cold, and there were slight tremors. Ipecac was administered, with partial relief, and Squibb's preparation of opium was then given, in order to raise the circulation and produce warmth of the skin. This occurred in twenty minutes, with relief.

There was nothing peculiar in the taste of the bird, which was pronounced in good condition by the cook, who happened, by a singular coincidence, to have seen a case of this accident before. The whole family ate of the partridge, but no one else was affected. The parts of the bird eaten were the legs and the back-bone.

The patient sat down to dinner at 2½, P.M., rose at 3½, and experienced the first symptoms at 4. At 5½, the case was at its worst; and at 8, P.M., the patient had fully recovered.

Dr. Parks remarked that the leading symptoms recorded by Dr. Bigelow, in his paper on this subject, were present; and that the case was altogether unlike any instance of mere indigestion he had seen before.

Feb. 24th.—*Tubal Pregnancy; Absence of the Liver in the Fœtus.*—Dr. Jackson reported the case, which occurred in the practice of Dr. E. P. Abbe, of New Bedford. The patient, a married woman, aged 32 years, had had one child and one abortion. For the last few years the catamenia had occurred every two months. And after her last conception the periods were as frequent, but the flow was scanty, and lasted but a few hours; this change, and sickness at the stomach, being the only symptoms of pregnancy. At one time during her pregnancy, she had pain in the lower part of the abdomen, some uterine hæmorrhage, faintness, and excessive and uncontrollable vomiting. At last, twenty-four hours before death, she was attacked with excessive pain in the pelvis, increased nausea and vomiting, inability to lie upon the left side without fainting, loss of pulse, coldness of extremities, and the usual symptoms of internal hæmorrhage; a large quantity of blood being found, at the autopsy, in the peritoneal cavity.

The uterus, which was sent to Dr. J., contained a sufficiently well-marked decidua, though mostly detached. The fœtus, which was contained in the left Fallopian tube, measured in a straight line, from the vertex to the soles of the feet, 3¼ inches; being much further advanced, Dr. J. remarked, than in any case that he had examined, excepting one that occurred in the practice of Dr. Perry (see Dr. Lyman's cases of tubal pregnancy, in the Boston Medical and Surgical Journal, Jan. 5, 1860). The fœtus was shown to the Society, and was without trace of liver; it was entire when received by Dr. J., and nothing had been removed since. The umbilical vein entered the vena cava near the diaphragm; and excepting the deficiency referred to, and the spleen, which was very small, it seemed to be well formed. In one part of the small intestine, which, however, was not opened, the contents had a very marked green color, to the extent of a line or more; there being no discoloration in any other part. Dr. J. questioned whether the coloring matter of the bile might be formed vicariously by the mucous membrane of the intestine.

The absence of the liver in a fœtus that was otherwise apparently well formed, constitutes the above an unique case, so far as Dr. J. is aware; and Dr. Jeffries Wyman, who was present, agreed with him.

Feb. 24th.—*Obliteration of large Arteries in connection with Aneurism, &c.*—Dr. Jackson reported the following cases, which occurred several years ago, within six months of each other; and the specimens having been preserved, were exhibited.

The first was an aneurism of the superior mesenteric artery, at its origin from the aorta, about as large as a hen's egg, having rather the appearance of a true than a false aneurism, and containing a little recent fibrin. The artery itself was of full size down to the sac, and then was completely obliterated; as if by an agglutination of the inner surface, and not by the formation of a clot. The aorta itself was scarcely diseased. The patient, a man 33 years of age, had pain in the epigastrium, constipation and debility for three and a half months, and had been mostly confined to his bed. His death was caused by a rupture of the sac into the general cellular tissue.

The second was a case of aneurism of the arteria innominata and right subclavian arteries. The sac, which has not been cut open, formed a regular, flattened, ovoid, firm mass, and was undoubtedly filled with fibrin; this being the only case, Dr. J. remarked, of natural cure of an aneurism, that he had met with. The measurements of the mass were 3 inches, 2½ inches, and 1¼ inch. It seemed tocommence at the aorta, but involved only a portion of the circumference of the innominata; the right carotid artery being quite free, and the portion of the innominata that was continuous with it, and not involved in the aneurism, being sufficiently healthy as low as the aorta. The right subclavian artery was of full size, and quite healthy from the axilla to the scaleni muscles; and there, close to the aneurismal sac, it became suddenly and completely obliterated.

The aorta, generally, was much diseased; and there was, just above the diaphragm, a second large aneurism that burst into the left pleural cavity. The patient was a gentleman, 55 years of age, who had had no pulse in the right wrist for two years or more; his sickness dating back about two and a half years. From the condition of the pulse Dr. J. thought that there may have been a direct obliteration of the artery in this, as in the last case, at its exit from the aneurismal sac, and that this last may have been subsequently filled up by the fibrin that resulted from the coagulation of the blood, notwithstanding the free circulation through the adjoining carotid.

The third case was that of an aneurism just below the diaphragm. The sac was about as large as a pint bowl, and arose from the posterior surface of the aorta; the orifice was 2¼ by 1½ inches, and the cavity was filled with recent coagula and old fibrin. The cœliac artery was of full size, but at its origin from the aorta was so completely obliterated that no trace of itcould be seen upon the inner surface of the vessel; and precisely thesame was the case with the right renal artery, except that upon the inner surface of the aorta there was a marked indentation, corresponding to the former origin of the vessel. The superior mesenteric and left renal arteries were perfectly normal. The aorta throughout was thickened and considerably diseased, but no more so about the origin of the aneurism nor about the obliterated arteries than elsewhere. The kidneys were somewhat inflamed; and the left was rather longer than the right. The patient was a negro, 58 years of age, who was said to have suffered from "lumbago" for four years, and who died from rupture of the aneurismal sac into the right pleural cavity.

In regard to the cause of obliteration in such cases as the above, Dr. J remarked that there had been found sometimes fibrinous clots, and sometimes the canal had been closed by the great amount of ossification and structural disease that existed. In the first of the above cases, there was very little disease of the arteries, and very little fibrin in the sac. In the last it would perhaps be said that the thickened and diseased aorta pressed and encroached upon the origin of the two vessels, until they became obliterated by adhesion of the internal surface; the obliteration of the vessels being merely a coincidence with the aneurism and in no way connected with it. The explanation of the second case is more probably to be found in the coagula that formed in the sac, as the right subclavian was itself healthy though the aorta was very much diseased.

## Army Medical Intelligence.

We are indebted to the Surgeon-General for the following letter from the Surgeon of the 22d Regiment.

CAMP NEAR ALEXANDRIA, VA.,
March 17th, 1862.

*To the Surgeon-General.*

SIR,—You will perhaps be interested in knowing of the whereabouts of the 22d Regiment, and as it is now some time since my last letter, I will try to give you a few details of our experience for the last week.

Having at last received marching orders, we left Hall's Hill on the morning of the 10th inst. for Centreville, that being our destination, we were informed, just previous to our departure. The men were in high glee in anticipation of moving somewhere from a place which was fast becoming monotonous. As usual, we had a rain storm to accompany us, and having marched through mud and rain as far as Fairfax Court House, we were ordered to halt and bivouac for the night.

We had a very tedious march of about twelve miles, and it proved a good test to the physical capabilities of the men, as they all stood it finely, and there were fewer sick than usual the next morning. On our arrival at Fairfax, we learned that Centreville and Manassas were both evacuated by the rebels. We left about ninety men with all the sick and convalescents, to take charge of camp property, under the command of a Lieutenant, having previously sent all the men sick in regimental hospital to general hospital.

Six of the men sent to general hospital were sick with varioloid, and two of them died. We remained at Fairfax till Saturday last, and in the morning we started for this place, and arrived here about 4, P.M., having marched twelve miles in the most drenching rain-storm I ever experienced. Wet and exhausted, we took possession of all the tents available in the camp previously occupied by the N. Y. 57th Regiment, Gen. Sumner's Division, which Division is now on the advance towards Manassas.

Imagine an encampment situated in a ravine, with the surrounding country so hilly as to nearly approach the title of mountainous, with the neighboring declivities and hills covered all over with encampments, and a drenching rain washing the accumulated filth, loaded with noxious vapors, directly through our camp, and you can easily conceive the degree of disgust experienced by us on our arrival at this place. It is a very dirty, filthy place for an encampment, and I am informed that there has been a great deal of sickness here and a large number of deaths, mostly of typhoid fever.

We report this morning, one in hospital and eight in quarters. The men are becoming accustomed to the hardships of a march, and I am convinced that much less sickness is experienced by them after long and well-regulated marches, with enough to eat, than when they remain idle all winter in camp, especially one like that we now occupy.

But little has been obliged to be done as yet in the way of surgery in our regiment; I have had a few cases of amputations of fingers, and one operation for fistula in ano—all did well. While at Hall's Hill, at one time typhoid fever got into camp, and proved fatal in almost every case. Medicine had no control, as far as I could perceive, over the disease.

Since the organization of the regiment, now over five months, we have lost but twelve men—six of typhoid fever, one of remittent, two of varioloid, one in a fit of epilepsy, one accidentally shot, and one of phthisis pulmonalis. Quite a number have been discharged on certificates of disability, mostly men who were examined previously to joining the regiment at Lynnfield. But few, comparatively, have been discharged among those who were examined by the surgeon of this regiment, except on a disability which has occurred since entering the service, as I think great care was taken to have none but sound men, if possible.

We now have nine hundred and eighty men in the field, ready for active service, which I have no doubt we shall soon see.

With very great respect, I am your obedient serv't,

E. L. Warren, *Surgeon 22d Mass. Regiment.*

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From the report of surgical cases at Roanoke Island, furnished us by Dr. F. H. Squire, we select the following; the interest of the rest is mainly of a personal character.

James Hamilton, private, Co. I, 51st Regt. Pennsylvania Vols., resident of Norristown, Montgomery Co., Pa.; aged 22 years; chandler. Was accidentally shot through the left hand by the discharge of a Colt's revolver, the ball entering the palm and coming out on the dorsum, fracturing the metacarpal bone of the middle finger. The accident occurred at Annapolis, on or about the first day of January, 1862. Dr. Hosack, at the time, disarticulated and excised the phalangeal extremity of the fractured bone, *leaving the finger*. In about ten days secondary hæmorrhage occurred, and then the doctor ligatured the radial artery. After the lapse of five days, hæmorrhage recurred. Pressure for a whole week was then made by the thumb of an attendant upon the brachial artery. In the mean time, the patient with his regiment embarked on board a transport and accompanied the fleet. About the 23d of January, on ship at Hatteras Inlet, the brachial artery was tied at the lower third of the arm. After another interval of two or three weeks, the bleeding again appeared. About the 1st of March, on ship in Croatan Sound, the brachial was tied again at its upper third. Four days ago the patient was taken from the ship and placed in the hospital of the 2d Brigade. Present condition:—The patient is now anæmic and debilitated, with a poor appetite and a slight cough. The ligature at the upper third of the arm has not yet separated, but the incision is almost healed by first intention; the other incisions in the arm and fore-arm are quite united. The gun-shot wound in the hand is open and discharges, having made little or no permanent progress towards recovery. It is open completely through the hand, and matter discharges in both directions. The treatment at present consists of simple applications.

Henry H. Howard, private, Co. G, 21st Regt. Massachusetts Vols., resident of North Blackstone, Worcester Co , Mass.; aged 21 years; weaver. He was the first man wounded during the action on Roanoke, Friday, 7th February. At twilight, while skirmishing with the advanced guard, he approached within three or four rods of the enemy's pickets, who gave the challenge "Who goes there?" Howard made no reply; the challenge was repeated, and at the same time three guns were fired at him. One ball entered just below and about two inches back of the superior spinous process of the ilium of the left side, and came out at the same relative point of the opposite side, passing somewhat deeply through the fleshy portion of both nates, and from appearances the ball must also have passed through the sacrum. Although the patient is getting along finely, when in bed he lies in the prone position entirely. He has good use of the lower extremities, and is able to stand and walk The whole track of the ball is tender, and both openings are discharging slightly. Treatment. Simple cerate. Patient with cheerful spirits and improving appetite.

Daniel C. Davidson, private, Co. A, 51st Regt. N. Y. Vols., aged 18 years, resident of Oswego, Tioga Co., N. Y.; farmer. He was wounded in the battle of the 8th; a musket ball entering the body between the fifth and sixth ribs of the left side, at or near their union with the cartilages, the wound being three inches and a half from the linea alba, on a horizontal plane, one inch below the point of the ensiform cartilage, and making its escape from the body between the eleventh and twelfth ribs of the same side, at a distance of two and a quarter inches from the spine. On the surface of the body the wounds are eight inches apart. During the second night after the accident, the anterior opening bled quite freely; but aside from this, the injury was attended with little or no external hæmorrhage. There was no movement of the bowels for one week after the accident. A dose of sweet oil was then given by the attending surgeon, which produced a natural and healthy discharge. Hæmaturia was discovered with the first evacuation of the bladder subsequent to the injury, and the water continued to be bloody for three or four days; and did not assume its natural color till about one week since. For a time after the accident, micturition was attended with pain at the glans penis. No vomiting or cough was induced by the injury. The anterior wound is now (March 10th) healed; but the posterior one is red and moist, discharging a little watery fluid. The patient begins to walk about the hospital, and his general health and strength are improving.

Alexander Brulley, private, Co. C, 21st Regt. Mass. Vols., residence, Spencer, Mass., age 25 years; shoemaker. He was wounded in the battle on the 8th, by a musket ball which struck the centre of the left clavicle midway between its two extremities, and passed out of the body exactly in the median line of the back, and between the spinous process of the second and third vertebræ. The accident was followed, in the course of two hours, by cough and the expectoration of blood. The cough has continued up to the present time, but of late it has been diminishing; and the expectoration has changed from blood to a muco-purulent fluid. The nurses have noticed that coughing has sometimes caused the pus to discharge in waves from the clavicular opening. Although the clavicle must have been entirely broken by the ball, and although no apparatus for fractured clavicle has been applied, nevertheless, the bone now appears to be united, and without any depression of the humeral extremity. The bone at the site of the injury is now about twice as large as natural, and the opening seems to be exactly in the centre of its transverse diameter. The opening is still discharging pus quite freely. The wound upon the back is not healed; it looks red, and at present it does not discharge as much as the anterior one. The injury has made a marked impression upon the patient's health, nevertheless the prognosis may be regarded as favorable.

Theodore S. Foster, captain Co. D, 21st Regt. Mass. Vols.; age 36 years; resident of Fitchburg, Mass.; wounded in the battle of the 8th. While charging the enemy's fortifications, a musket ball entered the left leg, four inches below the lower border of the patella, and about half an inch to the inner side of the spine of the tibia, passing through the limb in a direction backwards, outwards, and slightly downwards—the posterior wound being a little to the outer side of the median line of the leg—causing an oblique fracture of the tibia, but leaving the fibula unbroken. He was immediately taken to the Regimental Hospital in the rear, and the same night was conveyed, on a stretcher, to a house on the beach, where he remained, with his clothes unchanged and his limb undressed, for three days. He was then taken on board the steamer Union and carried to the temporary hospital at the upper fort (Fort Huger), from which he was again moved, after the lapse of ten days, to the General Hospital, Camp Burnside, where he continued until the 4th of March, when he was taken to a private house near by, in which he is now lying upon a comfortable bed, with all the attention, both surgical and otherwise, which his comfort and condition require. The limb is now (March 13th) in a starch bandage and fracture box, as it was arranged some ten days ago under the supervision of Dr. Hitchcock, of his native town; and, although the injury is certainly a very grave one, and will require months to progress to a favorable termination, nevertheless, having watched the limb with great care for over a week, I think I am safe in pronouncing for him an encouraging prognosis. His appetite is good: he has plenty of good food; his sleep is quiet and refreshing, and his mind cheerful.

New York Medical Schools.—Our city medical schools have all closed with appropriate ceremonies, graduating in the aggregate somewhat less than two hundred students. The valedictory addresses were given:—In the New York Medical College, by Prof. Percy; in the University Medical College, by Prof. Van Buren; in the Bellevue Hospital Medical College, by Prof. Elliot; in the College of Physicians and Surgeons, by the President, Dr. Delafield. The annual address before the alumni of the latter school was given by Dr. Brown, of the Bloomingdale Asylum.—*Am. Med. Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 27, 1862.

First Annual Report of the House of the Good Samaritan, No. 2 McLean St.—It is with unalloyed satisfaction that we have read this first published record of the good and faithful service of this most excellent institution. To Boston people it is no novelty, the story of the labors of the Christian women who have devoted themselves to this admirable charity. But to many at a distance it is probably quite unknown, and we are glad to lend what aid we may to spread its light beyond the sphere of its immediate influence.

The House of the Good Samaritan may be said, in a few words, to be based on a similar plan to that which has for several years made the Channing Home a welcome haven of rest, often the final rest, to many a poor sufferer, who but for such a provision could have looked for no more cheering a refuge than is to be found in a State or City Almshouse. We would not decry the value of these institutions, nor the fidelity of their officers; but they never were intended for hospitals, and with all that conscientious men can do, they can never fully meet the wants of those who need careful nursing and quite as much tender sympathies, to soothe their last hours. The want has long been felt in our community of some place where persons incurably ill, but without pecuniary means, might find the shelter and care which their situation demanded, and that without banishing them from the neighborhood of those to whom they are bound by ties of sympathy and relationship. Our public hospitals cannot, of course, be looked upon as asylums for this class, for their admission, in any great number, would obviously defeat the prime object of such institutions—the treatment of the sick whose cases give a reasonable hope of recovery. To meet this want, the Channing Home, and more recently the House of the Good Samaritan, were organized, and most admirably have they fulfilled their mission thus far. It is one of the greatest advantages of such asylums that they are not large enough to lose the character of private retreats. There is a home feeling about them which is incompatible with the large and crowded wards and wholesale character, so to speak, of an institution which counts its inmates by hundreds The patients have the advantage of being distributed in smaller rooms, by which a better attention to the individual comfort of each is secured than when he is obliged to take his average share of heat, ventilation, &c., which falls to him in a ward containing twenty or thirty beds. Then there is less noise and bustle, less official formality, less to impress the sufferer with the feeling that he is in some sense a part of an institution, instead of a welcome guest in a kindly home. And when the last solemn hour is come, however tenderly the hand of charity may smooth the pillow, who would not infinitely prefer its privacy and seclusion? Such are some of the thoughts which rise in our minds when we think of these small hospitals, of which we have two such excellent examples in Boston. There is room enough for more, and we hope from time to time to announce the inauguration of other co-workers in this field of charity.

We would mention with special interest, in connection with the subjects of our notice, that the services of the ladies who are principally engaged in them as superintendents and nurses, are entirely voluntary and without compensation. They have left the circles of society which they were calculated so much to adorn, and have taken up this labor of love in the service of our common Master. Can we say more as assurance that the sick find in them all the sympathy and care that humanity can render to a suffering fellow-creature?

As one of the principal objects of these institutions is to take charge of the incurably ill, we cannot of course expect to see in their annual reports an imposing show of patients recovered. Curable cases, however, are not excluded. From the report of the House we learn that it contains accommodations for twelve patients; "the whole number admitted for the year of 1861, was 47; of whom 4 recovered, 13 were relieved, 9 were not relieved, 7 died, and 2 were discharged; 12 remaining January 1, 1862. As regards nativity, 22 were American, 3 were from Nova Scotia, 4 were English, 14 Irish, 3 German, and 1 Scotch. Of these patients, 16 were Roman Catholics, 8 Congregationalists, 2 Unitarian, 4 Baptists, 3 Lutherans, 12 Episcopalians, and 2 without any definite creed. This diversity of nation and faith seemed to demand a broad provision for their spiritual needs, which has been made—every patient having full liberty at all times to receive the visits and offices of her own spiritual adviser."

The Secretary gratefully acknowledges the gift of many little articles of comfort and luxury, such as the sick value so highly; and here again is an advantage arising from the very smallness of the institution. For any present of this kind, however small, finds as ready a welcome here and answers as useful a purpose, as when sent to a sick friend. Many would not think of making such a donation to a large hospital, who in this way find a good opportunity for the exercise of their benevolence.

In conclusion, we would express the heartiest good wishes for the continued prosperity of the "House of the Good Samaritan." The community has responded liberally to the call which it has made for pecuniary aid, and so long as it fulfils the promise of its first year's success, will never be insensible to its appeals.

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Report to the President and Overseers of Harvard College, of the Committee on the Examination of the Medical School.—The Committee to visit the Medical School attended to that duty on Thursday, Jan. 2d, 1862. Present, the Chairman, and Doctors J. Mason Warren of Boston, Gilman Kimball of Lowell, and Jonas A. Marshall of Fitchburg.

In the department of Anatomy and Physiology we found considerable addition to the facilities for instruction beyond the valuable and well-established means of past years. Under the wise and enlightened provisions of law, the material for the study of human anatomy is easily and abundantly procured at a very trifling expense to the students. Microscopic Anatomy has now become an enjoined and systematic part of the practical course of instruction in this school. The means and materials for demonstrations in this branch have been liberally supplied by the Professor of Anatomy. During the past year six new additional microscopes have been procured for the use of the students. A very extensive and valuable series of microscopic anatomical specimens prepared by Prof. Hyrtl of Vienna, have also been generously loaned by Prof. Agassiz for their use. The science of anatomy is no longer a dull and irksome study in Harvard Medical School. The dissecting knife and achromatic lens verify the vivid word painting and magical descriptions of the eloquent Professor; and if dead bodies in the lecture-room are not literally *moved* by his "Songs in many keys," they are made, under the microscope, to glow with scientific truth and wondrous beauty. If, with these facilities for instruction, students are not inspired with enthusiasm in the study of human anatomy, they ought charitably to be considered as victims of either *ramollissement* or mental petrefaction.

In the Departments of Theory and Practice of Physic and of Clinical Medicine, the system of instruction is more decidedly practical and demonstrative than formerly. The Massachusetts General Hospital affords excellent facilities for clinical instruction to the students, both during the winter and summer terms. The application of chemical tests is also made a part of clinical study in establishing the diagnosis of disease. The study of "physical signs," also, is made practical and available to the students. The fidelity of the Professors in these departments is clearly evinced by the zeal and devotion which they inspire, with scarcely an exception, in the large classes which listen to their theoretical and clinical teachings.

In the Department of Chemistry the system of instruction is excellent. The laboratory is a model of neatness and order. Analytic Chemistry is made a practical study by many of the students. During the Summer Session a course of recitations is heard on Physiological and Medical Chemistry. In short, an earnest, and quite successful effort has been made to make the students practically familiar with chemical science.

The Professor of Midwifery has made some valuable additions to the illustrations in his department. In embryology and fœtal development a new series of drawings add vastly to the value and effect of oral teaching. The accuracy, energy and fidelity, displayed in this department, are highly commendable.

The Professor of Morbid Anatomy has added ninety-eight specimens to the Warren Museum during the past year; and in all respects this department continues to maintain its high standard of excellence in this very essential branch of medical education.

The Report which the undersigned had the honor to submit to this Board last year, made mention of the deficiency in the Cabinet of Materia Medica; that deficiency still exists, with the exception of such supplies as are furnished at the Professor's private expense. His liberality and wisdom are very manifest in recently procuring, from an eminent native artist, colored drawings from nature of most of our indigenous and exotic medicinal plants. These will be of great value in imparting a knowledge of materia medica. The Committee earnestly hope that, through the Corporation or some private source, means may be furnished to enlarge and perfect the Cabinet of Materia Medica; we urge this as a *safeguard to the sick*, being fully convinced that the most perfect and thorough knowledge of drugs, on the part of Physicians, leads to a diminution of the quantity, and greater discrimination of the quality of medicines used in the treatment of disease.

In the Department of Surgery, the Committee would express the highest degree of satisfaction with the mode of teaching. One of the marked and most important means of illustration is well described in the following extract of a letter from the Professor :—

> "Being early impressed with the value of diagrams in teaching surgery, a branch of study in which a large proportion of the details present themselves to the eye, I engaged, in assuming the duties of the professorship, about a dozen years ago, a young artist, who remained in my exclusive employ about four years, during which time he attained a high degree of excellence in representing this class of subjects. The number of diagrams made by him for me were several hundred, at an expense of about three thousand dollars. They were made partly from the best surgical illustrations and partly from original cases, which last include the microscopic examination of morbid growths. Being three feet and five feet in length, they are readily seen, while their masterly handling and color leave little to be desired in these pictures as representatives of healthy anatomy, and of surgical disease and expedients."

Your Committee are not less proud than happy to publicly announce the utility and patriotism of a course of gratuitous lectures on Military Surgery, delivered at the College by the Professor, in April and May last. It was a timely and valued service to the country in a moment of great public necessity. Sumter had fallen! The clarion of war rang through the land. The "Fiery Cross" rose from the burning fortress and gleamed along the Northern sky. The city, the hamlet and the hearth-stone echoed "God wills it," and loyal hearts all over the land beat quick and strong, giving speed and power to the hands that girded on the panoply of war.

Brave volunteers were rushing in hot haste to duty and danger. Our surgeons in civil service knew little of practice on the field of battle. They were compelled to grow old and wise, almost in a day, by the imperative duties and exigencies which overtook them. The ten day's course of lectures at the College on Military Surgery was a beneficent and patriotic service. Nearly two hundred surgeons availed themselves of this valuable and timely course of instruction, preparatory, with many of them, to their volunteer duties in camp and field.

Of the service that Massachusetts surgeons are now rendering in our army, we may well feel proud; and especially may we speak with satisfaction and hearty approval of the influence that Harvard Medical School has exerted in fitting them for the high responsibilities they now bear in the cause of humanity and patriotism.

*Feb.* 20*th*, 1862. Alfred Hitchcock, *Chairman.*

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A few weeks since we published, on newspaper authority, an incredible story of eight children being born at one birth. Wishing to ascertain the exact truth in the case, we wrote to a friend in Ohio about it, and have received the following answer :—

Warren, O., March 18th, 1862.

Messrs. Editors,—There is no truth in the item of the eight-fold birth published in your Journal of the 6th ult. A graceless scamp, in spite towards a worthy couple who have no children, originated the story, or a like one, a year or two since, and I suppose has set it afloat again of late, as I am told it appeared in some newspapers a few months since. I have delayed an answer to your note, in order to ascertain if anything had occurred of the kind reported, but nothing has. Yours truly, Julian Harmon.

Dr. John Stearns, Jr., of this city, and Mr. W. H. Mitchell, medical student, in answer to a summons from the Sanitary Commission, have gone to St. Louis for active service on board Gen. Halleck's floating hospital. Every day is proving the immense value of the Sanitary Commission, notwithstanding the ill-timed jealousy of some medical officials towards it. This floating hospital, which is intended to be moved about from place to place on the western rivers as the occasion may demand, and which contains beds for between three and four hundred patients, has been thoroughly fitted up by the Sanitary Commission, Gen. Halleck having placed it entirely at their disposal. It is supplied with nurses, male and female, who are paid by the Commission, and the surgeons serve without remuneration. Gen. Curtis's army receives all its hospital stores from the Commission, and the whole Western Department is supplied, as far as possible, from this source. Gen. Halleck does all he can to aid the good work, sitting up sometimes all night, in company with the President of the Commission, to accomplish it.

At the annual meeting of the Bristol North District Medical Society, held at Taunton on the 12th inst., the following officers were chosen for the ensuing year:—*President*, J. R. Bronson, of Attleboro'; *Vice President*, Jos. Murphy, of Taunton; *Secretary and Treasurer*, J. B. Chace, Taunton. *Censors*—H. B. Hubbard and J. B. Chace, Taunton; J. R. Bronson, Attleboro'. *Librarian*, Ira Samson, Taunton. *Counsellors*—Charles Howe, Raynham; Benoni Carpenter and Ira Samson, Taunton; Thaddeus Phelps, Attleboro'. *Delegates to the National Medical Association*—Jos. Murphy, J. B. Chace and H. B. Hubbard, Taunton; Thaddeus Phelps, Attleboro'. *Commissioner on Trials*, Thaddeus Phelps, Attleboro'. *Essayist for the next Meeting*, Jos. Murphy, Taunton. J. B. Chace, *Sec.*

Drs. Algernon Coolidge of Boston, William O. Johnson of Cambridge, William D. Lamb of Lawrence, and Dr. B. B. Breed of Lynn, have left for Washington, whither they had been summoned, in anticipation of the great addition to the labors of the Surgical Staff likely, within a few days, to grow out of the movements in Virginia.

From an excellent article on Epistaxis, by Mr. Rawdon Macnamara, published in the *Dublin Quarterly Journal of Medical Science* for February, we make the following extracts:—

> If it be a simple case of passive epistaxis, occurring in a delicate patient, and owning, for its proximate cause, some trifling congestion, due perhaps to position, such as reading for a long time with the head bent forward, &c. &c., we cannot do better than at once have recourse to five- or six-grain doses of fresh prepared powder of ergot of rye, repeated according to the emergency of the case, every ten or fifteen minutes. The first person who drew the notice of his professional brethren to this interesting property of the secale cornutum, was Dr. Spajrani, in a communication published by him in *Omodei's Annali Universali di Medicina e Chirurgia.* In addition to cases of hæmorrhage from other situations in which he found it of service, he recorded two cases of epistaxis in which its exhibition was attended with the happiest results, and since that period (1830) it has been tried by many other practitioners, with varying success; its most zealous advocate, however, is my old valued friend, Mr. J. J. Parr, in whose name the old students of the institution will recognize the efficient and experienced resident medical officer of the Meath Hospital; he informs me that a long and fre-

quently repeated experience of it justifies him in considering it a remedy of sovereign utility, not only in this, but in many other forms of hæmorrhage.

* * * * In that form of epistaxis which, contemporaneously with hæmorrhages in other situations, appears in purpura, in those whose blood has undergone some serious deprivation in the advanced stages of what are known as blood diseases, or by exposure to wet, I believe that I am but expressing the unanimous opinion of the profession in giving the palm to turpentine, either alone in capsules, or in the form of emulsion, or combined with brandy or whiskey, in the form of punch. If in these cases medicine is to be of any use we must place our reliance on turpentine. The punch to which I allude is made by adding from half to a full wineglass full of spirits of turpentine to a tumbler of brandy or whiskey punch, and administering it, in severe cases, to the patient in as short a space of time as he can swallow it. The extraordinary results that ensue in apparently hopeless cases from the exhibition of this horrid dose require to be witnessed before they can be believed. * * * * *

"MY DEAR MACNAMARA,—I have found the following an effectual means of arresting the bleeding in cases of epistaxis; it is easy of accomplishment, and one to which the patient will readily submit. * * * The plan I advocate now is to fill the cavity of the nose with a few slips of lint introduced from before. I prepare a few slips of lint about one foot long and half an inch wide, doubling two inches of the first slip over the end of a strong director, I pass it along the floor of the nasal cavity as far as the posterior nares; the rest of the slip is then packed in, and the extremity, which should be made to taper, is left projecting out of the nostril for the purpose of its more easy removal. After this another and another slip is thus introduced, until the cavity is full. * * *

"I was called by a medical man to plug the posterior nares for a patient of his. When I arrived the bleeding had ceased. The gentleman would not see me. I explained the above-mentioned method of proceeding to the medical attendant, who had, in the night, occasion to put it into practice; he found it easy of accomplishment, and perfectly successful in its result.

"Believe me to be yours truly, JOSIAH SMYLY."

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MARCH 22D, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 45 | 36 | 81 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 42.4 | 35.4 | 77.8 |
| Average corrected to increased population, | .. | .. | 86.78 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 16 | 0 | 5 | 4 | 3 | 0 | 0 | 1 | 0 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending March 15th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.023 | Highest point of Thermometer, | 44.0 |
| Highest point of Barometer, | 30.288 | Lowest point of Thermometer, | 25 0 |
| Lowest point of Barometer, | 29.668 | General direction of Wind, | N.N.W. |
| Mean Temperature, | 35.0 | Am't of Rain (inches), including melted snow, | 0.00 |

BOOKS RECEIVED.—On Bandaging and other Operations in Minor Surgery. By F. W. Sargent, M.D., &c. Second Edition. Philadelphia. Blanchard & Lea. 1862.

DIED,—At La Farge House, New York City, March 23d, Dr. W. N. Lane, U. S. N., late of Charlestown, Mass., aged 42 years.

DEATHS IN BOSTON for the week ending Saturday noon, March 22d, 81. Males, 45—Females, 36.—Congestion of the brain, 2—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 3—burns, 1 cancer, 3—consumption, 16—convulsions, 4—croup, 5—debility, 1—dropsy. 2—dropsy of the brain, 11—epilepsy, 1—bilious fever, 1—scarlet fever, 4—typhoid fever, 1—gastritis, 1—hæmoptysis, 1—disease of the heart, 1—hip disease, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—old age, 1—peritonitis, 1—pertussis, 1—pleurisy, 2—puerperal disease, 1—scalded, 1—sore throat, 1—teething, 1—unknown, 3.

Under 5 years of age, 36—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 8. Born in the United States, 55—Ireland, 21—other places, 5.

THE

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# VERATRUM VIRIDE.

By Samuel W. Abbott, M.D., of Woburn.

[Communicated for the Boston Medical and Surgical Journal.]

Had the question been asked of the medical profession of New England, five or six years since, " What is the most reliable depressant in our Materia Medica ? " I have no doubt the answer would have been returned from at least nine tenths of the profession—*Antimony.* But, let the same question now be put to the same number of men, and I believe the proportion in favor of such an answer would be largely diminished. If there is any one article that would turn the scale against it, that article is Veratrum Viride.

Our knowledge of the therapeutical value of any drug is obtained, not by observing its effect in any individual case, but by a careful comparison of its effects in a large number of cases. Such has been the fact in regard to the drug in question, and our knowledge of its action is due in a great measure to the care which has been taken by one of the District Medical Societies of this State, in collecting facts, not from the experience of any one man, but from a multitude of men, and a multitude of cases, not only in this State, but throughout the country. The evidence of so large a number of intelligent physicians upon one subject, cannot be lightly disregarded.

I shall in this paper give—

*First. A description of the plant.*
*Secondly. An account of its effects on the system.*
*Thirdly. Its therapeutical value.*

## I.—Description of the Plant.

The Veratrum viride (American hellebore, poke root, &c.) is found in the natural order of Melanthaceæ, the same order which contains, also, colchicum, cevadilla, and veratrum album, all of medicinal value. It is a stout, tall, and leafy plant, with a simple stem, growing three or four feet high. The leaves are oval in shape, broad, acuminate, strongly parallel-veined, and sheathing at the base, the lower being ten to twelve inches in length. The flowers are of a yellowish-green, nearly of the color of the leaves, very numerous, and growing in long racemes, each of which is furnished with a bract. They emit a somewhat disagreeable narcotic odor. I have also noticed that where the plants grow abundantly, the flowering specimens are very few in number; I should think not more than one in ten of the whole number.

It is a coarse-looking plant, and is very common in meadows and woods, invariably near some running streamlet. It grows abundantly in all parts of the United States. In New England, it springs up early in April, and blossoms in June or July.

The part employed in medicine is the root, which is stout and thick, premorse at the base, and gives out a great number of radicles. In this respect it very much resembles the Dracontium (skunk cabbage), and as the latter grows in nearly the same localities with the veratrum, and springs up at the same time of the year, might be mistaken for it by a careless observer. But the fleshy spadix enclosed in its spathe, the purplish color, together with the extremely fœtid odor of the dracontium, readily serve to distinguish it. Its root, also, is much larger, and its radicles coarser than those of the veratrum, although resembling them in form and color.*

*Question of identity with V. album.*—In the second volume of Dr. Bigelow's *Medical Botany* may be found an excellent representation of the veratrum viride, and in the fourth volume of Woodville's *Medical Botany* (London, 4to.) may also be seen a similar illustration of the V. album. From the close resemblance of the two figures in their essential points, it occurred to me that the two species might be identical, and that the discrepancies in regard to their therapeutical effects may be due to inaccuracies of observation in regard to the latter. All the descriptions which we have of V. album are vague, and indefinite in their details.

*Comparative strength of the Seeds.*—Knowing that, in the case of another medicinal plant of this order (colchicum), the seeds of the plant contain its active principle as abundantly as the root, and in certain other plants (*e. g.* stramonium) even to a greater amount, I was curious to know if such were the fact in regard to V. viride. I therefore gathered a quantity of them, by shaking the flowering plants and collecting the falling seeds, late in the autumn. These seeds were already quite dry, and taking a quantity of them sufficient to make a pint of tincture of the same strength as that adopted for the root (four ounces to one pint of diluted alcohol), I prepared the tincture in exactly the same manner employed in making that of the root, viz., by maceration and displacement. I took this tincture on three different occasions, to note its effect; *at first*, in about the same doses and with the same frequency observed in administering the tincture of the root (five to six drops every two hours). *Result, after the*

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* For an accurate illustration of the V. viride, with its flower, seed-capsule and root, see Amer. Jour. Med. Sciences, Oct., 1861, p. 397.

*fourth dose.*—Scarcely any diminution of the pulse. *Second trial.*—Increased the dose to ten drops. Pulse diminished about ten beats per minute. *Third trial.*—Increased the dose to twenty drops, and took it once an hour. Pulse diminished from 75 per minute (its average rate when sitting quietly in my chair), to 58–59, and no nausea or other marked symptoms induced. I came to the conclusion that this tincture of the seeds, although by no means inert, could be of but little value compared with that made from the root. I had learned a negative fact.

Two other physical properties of this plant are worth noticing here—its taste, which is acrid, bitter, unpleasant, extending to the fauces, and persisting for a long time; also, its great sternutatory power, which I have often experienced when pulverizing the drug in a mortar, or standing near the mill in which it was being ground. The fit of sneezing occasioned was violent, and often lasted five to ten minutes without cessation.

*Time of Gathering.*—The few authorities which have treated of this plant, state that it is most effectual in its action when gathered in the autumn. But, that which was collected a few years since under the supervision of the Middlesex East District Medical Society, was dug both in the spring and fall, and no perceptible difference was observed in the tincture prepared from either collection. The most convenient time, certainly, is the spring, for it is then found much more readily than in the autumn.

The part employed is the root, which may be easily dug in April or May, and washed in the stream near which it is invariably found. The larger roots should be quartered, or sliced, to allow them to dry more readily. The process of drying may be performed by artificial heat, or by the sun. The quickest and most convenient mode I have yet seen is that employed by the Medical Society above alluded to, viz.: by taking an empty barrel, knocking out both heads, inserting a sieve near one end, filling nearly full with the fresh root, and placing the whole over the register of a common house-furnace, allowing the warm air to pass through it for a few hours. When thoroughly dry, it may be easily pulverized, by mill or mortar, and may then be used in the form of powder. But the fluid preparations are more generally used at present. They are the fluid extract and the tincture. The latter is perhaps the more reliable, and may be easily made by macerating the coarsely-powdered root in dilute alcohol, in the proportion of four ounces of the former to one pint of the latter, putting the whole into a displacement apparatus, and allowing the tincture to run off to the required amount; it is then ready for use.

A solid extract is also made by evaporating an infusion at a low temperature. I should think a wine of veratrum might also be made useful.

## II.—Effects upon the System.

That veratrum viride is a decided sedative, there can be no doubt.

But is it a nervous, or an arterial, sedative? By some writers it has been classified under the nervous division, by others under the arterial, and it seems to me that both are in some degree correct. The former, those who class it with the nervous sedatives, seem to look more thoroughly into the primary action of the drug; and the latter, overlooking this point, appear to regard that action which is most evident to the senses. Dr. Wood, in his treatise on *Therapeutics*, says that arterial sedatives directly change the character of the blood, as is the case with antimony. Nervous sedatives, on the contrary, by a direct influence, reduce nervous power, and also depress the circulation. Now it appears most probable from analogy, that this is just the character of veratrum viride, which comes in contact with the nervous centres, so that their action in some way (we know not how) depresses that of the heart, without in the least degree devitalizing the blood itself.

The characteristics of its action are well marked. The *first* phenomenon noticed after the system has come under its influence, is a reduction in the frequency of the pulse. *Secondly*, some diminution in the frequency of the respiration. *Thirdly*, under a large or frequent dose, a sense of faintness or vertigo ensues, with nausea, vomiting, and general prostration. *Fourthly*, the secretions are somewhat stimulated.

1. *Effect on the Circulation.*—It is probable that veratrum viride begins to be absorbed as soon as taken; but when administered in the usual dose of five to eight drops, every two or three hours, the system is not fully brought under its influence until after the second or third dose. It is also rapidly eliminated, its effects passing away in a few hours. The effect on the pulse is very marked, causing it to fall in a few hours from 80 to 40 or 50 per minute when in health, and in high arterial excitement from 140 or 150 down to 60 or 70, more than one half. The effect is less marked in health than in disease. In this way all, and even more than can possibly be said in favor of the lancet, is safely effected by means of the veratrum. This diminutive, though powerful weapon, the lancet, seems already to have fallen into disuse with very many. Observation confirms this, as well as the little volume, lately distributed among our class, by the kindness of its author.

Bloodletting accomplishes its end in inflammatory diseases, *first*, in a mechanical manner, by lessening the force of the current of blood, thus guarding against the danger of its too frequent and forcible impulse on the seat of inflammation; and, *secondly*, by its sedative influence on the nervous system, whose excitability is increased in proportion to the extent of the inflammation. Now veratrum viride accomplishes both these in a safer, and more satisfactory manner. Let us compare their effects still more closely. The mechanical effects of bloodletting are gained at the expense of a portion of the life-current of the body, the immediate advantages of which are but temporary, since the amount and force of the blood may soon become as great as before. The same advantages are attained by the veratrum viride, but in a different manner. By its influence, the heart's action is simply held in check, the force of the circulation being reduced to its natural standard, while every drop of blood is preserved, so that, as soon as the fever is over, a quicker and more perfect convalescence is ensured to the patient.

The sedative effects of bloodletting are too often merely temporary, and in those whose nervous system is easily impressed, often followed by a reaction so great as to produce an increase of organic action, even to a greater degree than before the operation. In such cases, a repetition of the bleeding would be extremely hazardous, and might only serve to increase the difficulty. Even when bleeding can be well endured, it is a remedy that cannot be persisted in. If it conquers, it must do so at a blow, which, though a victory for the time, yet in the end may completely defeat the object in view. On the other hand, the sedative effect of the veratrum viride is free from the danger of too great reaction, since we may continue its administration for a long period with safety.*

2. *Effect on the Respiration.*—This needs but a passing notice. The number of respirations per minute is reduced, although the ratio of its frequency, as compared with that of the pulse, is not always preserved with precise uniformity.

3. When the dose is sufficiently large, or when frequently repeated, nausea and vomiting soon follow. A sense of coldness is felt by the patient, together with weakness in the muscles, and inability to control their movements. This latter effect, together with increase of the secretions, is sometimes produced without the vomiting, thus showing that it is not the depressing influence of the nausea alone which produces these symptoms. When vomiting follows, the effects of the drug are most striking, the number of pulsations being reduced one half, and even more. The body is covered with cool perspiration, often attended with a tingling and benumbed sensation of the limbs. Dilatation of the pupil, faintness, vertigo, and dimness of vision, give further evidence of its power. The prostration at this stage may become so great as to alarm those who are unacquainted with its action. But I have been unable to find any fatal case of poisoning recorded among the numerous instances of its use. In fact, its poisonous effect seems to be prevented, in large doses, by prompt emesis. Possibly, if a very large dose were given, enough might be absorbed to overwhelm the action of the pneumogastric nerves and thus prevent vomiting, as in the case of antimony. This yet remains to be proved.

The danger, if any exists, of an overdose being given by an inexperienced nurse, through mistake in giving the tincture in drops, may be easily avoided by mixing it with water, or any convenient vehicle, in such proportion that a teaspoonful may represent the required dose. The depressing effects are readily controlled by combining it with opium, or by giving alcoholic stimulants, as brandy or wine.

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* Dr. P. D. L. Baker, of Alabama, in *Southern Med. & Surg. Journal.*

4. The secretions are also somewhat stimulated, especially those of the kidneys and skin. Yet we should not think of administering it solely as a diuretic or diaphoretic, when we have others of so much greater value.

In order to determine, for my own satisfaction, the effects of the drug on the system, I took the tincture at two different times, once on January 16, 1862, and again about a fortnight later. I will give the results of one of these trials, as an example of its physiological effects. February 1, 1862.—Now in good bodily health. Weight, 145. Pulse naturally not far from 75, when sitting down. At 2, P.M., after a light meal, took seven drops of tincture of veratrum viride, pulse at that moment being 70, respiration 16. In one hour, pulse was at 65. At 4, P.M., took seven drops again, pulse at 60. At 6, P.M., took four drops, pulse at 50. From 6 to 7, P.M., there was some nausea, but not much. Feeling of weakness throughout the body. At 8, P.M., took six drops. Half an hour afterwards, pulse was at 46 per minute. Considerable nausea, no vomiting, but an indescribable feeling of lassitude and weakness in limbs. Retired to bed at 9½, P.M. Noticed no sensible increase of perspiration, and slept soundly till morning.

In order to determine whether there were any marked diuretic effects, I had, for one week previous to this trial, kept an accurate record of the excretion from the kidneys, with the amount and specific gravity of each excretion, in order to obtain an average, with which to compare the result, while under the influence of the veratrum. The result, tabulated, is as follows:—

| Date. | Amount in fluid ounces. | Specific gravity. |
|---|---|---|
| January 22, 1862. | 29. | 1024 |
| " 23, " | 30.5 | 1023 |
| " 24, " | 31. | 1024.5 |
| " 25, " | 18.5 | 1028.5 |
| " 26, " | .20. | 1025.5 |
| " 27, " | 23.5 | 1025 |
| " 28, " | 26. | 1022 |
| Total, | 178.5 | 7172.5 |
| Divided by 7, | 25.5 | 1024.6* |

The greatest amount at any one time was 18 ounces; the least, 2½. The highest specific gravity at any time was 1034. Lowest, 1020. Reactions were generally acid, occasionally neutral at noon. Once alkaline.

Under the influence of veratrum viride, the same observations were made through twenty-four hours after taking the first dose. The amount excreted during those twenty-four hours was 35 ounces. Specific gravity, 1020. The amount of ingesta taken each day was nearly the same in quantity and quality. Thus, we see that there is a considerable increase in the amount and a corresponding decrease in the specific gravity of the excretion; the decrease in solid constituents probably being relative, and not absolute.

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* This average specific gravity, 1024.6, is only approximate, and therefore not perfectly correct, since the daily amounts vary.

[To be continued.]

## ON THE PREVENTION OF CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The oldest permanent member of the American Medical Association ought to do his best to promote the health of mankind and the prevention and cure of their diseases; such being the object of that benevolent institution. At the same time, in offering anything for your Journal, it ought to be remembered that its first institutors and editors were such medical magnates as Doctors Warren, Channing and Ware.

My own ardent and unceasing attention, for a number of years past, has been directed towards the prevention and treatment of consumption—that greatest of all the outlets of human existence—not excepting cholera, yellow fever, typhoid fevers, scarlet fever, and even plague. Great Britain is a consumptive region; and wherever her sons have emigrated, consumption has been carried. Witness the United States, Canada, Malta, Gibraltar, Bermuda, and the East as well as the West Indies. It was unknown in the New World, till brought from the Old World; the aborigines not having it till fetched hither by the British, although, since their intercourse, cases have often appeared among them, which goes to confirm the Italian opinion, said to be universal at Rome, that the disease is contagious. I think that it is contingently so here, myself. It is certainly hereditary nationally, as well as individually, to the British and their descendants.

I have assiduously sought out the means, modes and methods, by which the disease, when seated or confirmed, has been cured. That such cures ever occur, has been by some eminent men denied; but the weight of reliable evidence and irrefutable testimony is against them; witness Sydenham, Dr. Rush, Dr. Parr, Prof. Bourne of Oxford, Dr. Good, Marshall Hall, Prof. Bennett, Dr. Darwin, Dr. Tully, Dr. Beddoes, Sir Charles Scudamore, Dr. Horace Green, Surgeon Brereton, Drs. Gold, Cartwright, Coxe, Morton, Mudge, Spilsburgh, and others I need not mention. Still I must not omit the notice of one hundred and seventy-six cases of seated phthisis completely cured, or at any rate recovered of, in four years, in one single hospital in Italy! From all these unquestionable authorities, I have the histories and modes of treatment in a MS. before me, but at the present time it is not my purpose to submit them here, as they would occupy a small volume. Still I would remark of said MS., that I have proposed to throw aside, disuse, and repudiate, all other modes of treatment than those, by some one of which the disease, when seated, has been recovered of or cured. This indeed seems so manifestly proper, as almost to be presumed self-evident; and as the most eligible of all the courses that could be adopted or possibly pursued, or proposed. Yet, remember that an ounce of prevention is worth a pound of cure; and to prevent a disease, of which more than 55,000 persons die in Great Britain annually, and nearly a proportional number in this country (as there died in Massachusetts alone no less than 3,527, out of a population of 994,514, in one year), is the grand desideratum.

Fashion is insane, and destroys its followers. The custom of leaving the most vital of all the vital parts insufficiently guarded and protected from cold, has sent millions upon millions to premature and untimely graves; yet it still continues the fashion where consumption prevails. The most vital of all the vital parts are the contents of the back of the head, back of the neck, throat, and upper part of the thorax; the upper parts of the lungs ever being the parts where tubercles first appear, as well as where ulceration begins and purulent matter is first of all formed—where, in fact and in deed, death commences its work, as outwardly indicated by cough, hectic fever, diarrhœa, night-sweats and swelled feet. Bill Poole, of New York, lived two weeks with a pistol-ball in his heart, and there is a reliable statement of another person who lived a still longer time after an accident of the same kind. A man of Vermont had an iron bolt driven through his brain years ago, and is still alive; but a slight puncture—a pin-prick—into the spinal marrow of the neck, has uniformly been instantly fatal, even in beasts.

Warmly dressing the breast and neck, have not been enough, and cannot be too much, insisted on. The English fashion of keeping those parts thinly covered, as only with gauze, lace, ruffles, silks, satins and gew-gaws, should be protested against by every professional man. There is no better possible method of guarding the person and protecting the human system from taking cold, and of shortening a cold when taken, than by doubly and trebly fortifying the parts in question by folds of flannel or skins of rabbits. Would you steer clear of catarrh, influenza and consumption, stick a pin here, and remember, that one who is eighty-five years old, and has been in practice over sixty years, gives the advice contained in this paper as the very best method of doing it. I have before inculcated this admonition, but I now repeat it, in words of truth and soberness. It is a picture, to my sight, of a corpse, a coffin and a grave, to see young ladies abroad with naked necks and shoulders, and this not only in the cold of winter, but even in summer weather, and mild seasons of the year; for a cold caught in warm weather, strange as is the fact, more frequently lays the foundation of consumption than one caught in winter.

Now in confirmation of the prominent points advocated in this paper, I will appeal to a first-rate authority, which throws other high names into the shade, because he had more time, tact, and talent than others, in the matter in view—Sir George Lefevre, M.D., who went physician to the British Embassy to St. Petersburgh. It is too well known to need repetition, that Russia is free, or almost entirely free, from phthisis pulmonalis. This has been imputed to the steady temperature of the climate and the unchanging state and little variableness of the different seasons; positions which Sir George, who remained there long enough to know, peremptorily contradicts. He tells us that the weather is as changeable in the capital of Russia as in any other capital city of Europe. Another mistake or two this lucid writer corrects; one is, that the inhabitants of Russia become so hardened to its climate that they do not feel the cold as others do who come there from more southern countries. This is utterly incorrect; for, let the Russian live in England and dress as the English do, and he would be entirely uncomfortable in the English winter, and complain bitterly of the cold. The true solution of the matter is, that the Russian population are clothed in skins which keep out the cold, keep in the heat, and keep off consumption.

In lines of light and power which cannot die out from the memory, let us cherish these truths, and not causelessly nor carelessly cease trying to diminish the greatest agent that fills our coffins and opens our graves. I can devise no better New Year's gift than this. And were I under oath to suggest that which I thought most conducive to prevent the direst of all diseases, I could only point to the above hints, rules, and the remedies suggested.

*Lebanon, Ct., Jan.* 1, 1862. JOSEPH COMSTOCK, M.D.

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## DR. COALE'S ESSAY ON ANEURISM.

[Concluded from page 172.]

As perfect a case as any for typifying the disease, is that of Dr. Carnochan. He also goes into the literary history of the disease, and still more minutely into its pathological characteristics, specifying clearly and distinctly its differences from other affections of the bone, marked by great vascularity, medullary sarcoma, encephaloid, &c. &c. He says:—"The disease once developed, a cavity is formed in the interior of the bone at the expense of the cancellous structure, and this apparent loss of substance continues as the disease advances, until the extremity of the bone enlarges and becomes expanded into a laminated shell." In its advanced stages pulsations can be distinctly felt in it, and though not constant, in some cases the *bruit de soufflet* is very distinct. The growth of the disease is not rapid. Its termination, if left to itself, would be undoubtedly in ulceration, laceration, and hæmorrhage. The cure, so far, seems to be only found in amputation.

Dr. Carnochan believes that the initiatory morbid changes of structure are to be looked for in the vascular tissue of the bone, and this, in his opinion, "consists in an earthy calcareous and atheromatous degeneration of the tunics of all the arteries by which the cancelli of the bone at the seat of the disease are supplied. The diagnosis of the disease is, in its early stages, involved in obscurity. The disease with which it is most likely to be confounded is encephaloid degenerescence. There are many symptoms common to the two diseases—the swelling, throbbing, crepitation, elasticity, and the sharp lancinating pain. The lessening of the aneurism by pressure upon the supplying arterial trunks, gives the best sign for distinguishing it from the malignant affection. Scrofulous enlargement of the joint simulates it somewhat, but the appearance of the patient in many cases will mark the difference, and the history of the case discloses other decided dissimilarities.

The disease must be looked upon as a serious one. The remedies for it have not been very successful, save that destructive one, so far as the limb is concerned, amputation. Dupuytren, in 1819, tied the artery, since which it has been done four times—once by Lallemand, twice by Roux, and once by Nélaton. Three of these cases were decidedly unsuccessful; the disease returned, and amputation was resorted to. Of the two other cases, we have no account sufficiently late to permit us to call them complete. Dr. Carnochan's case must be classed with the former. The patient was a woman of 35. Sixteen months before her admission to the hospital, she received a fall on her knee. Eight months afterwards she felt uneasy there, and had pain and tumefaction. The symptoms increased, until the thigh presented a tumor commencing at its lower third and extending to the patella. It was, by the careful diagnosis of Dr. Carnochan, soon decided to be a case of osteo-aneurism. Compression was tried, but could not be borne. A ligature was applied, which allayed the pain, and from June 19 to the first week in September she seemed doing well. On the 16th of that month, she returned to the hospital, with every aggravation of the affection, and ten days afterwards the limb was removed. Examining the limb, it was found that the sac, externally, was formed, for the most part, of the periosteum of the condyle. The osseous tissue had been absorbed greatly, leaving lamina, at intervals, between which the sac had expanded itself. The internal surface of the portion of the sac, formed by the expanded condyles, was irregular and rough. The interior of the sac was filled by lamina of fibrine, and exhibited no signs of malignant growth when subjected to the microscope. The patient recovered entirely, the history continuing to the end of December.

Such is the exposition of osteo-aneurism afforded us by the present state of surgical science. We confess the picture is not a perfect one. There are certain points upon which descriptions given are not sufficiently precise. Nevertheless, we think that the preponderance of testimony is decidedly in favor of its being a distinct, non-malignant disease, and, in its essentials, not differing from that affection which we have described as aneurism, but only modified by the circumstance of the diseased artery being surrounded by bone. We trust that future observations will soon clear up all doubtful points as to the nature of the disease, and, whatever may be the result, we feel we have but covered the ground appointed in thus giving it a place in our essay.

### ANEURISMAL VARIX.

This term is applied to that species of traumatic aneurism in which a communication is established between an artery and a vein, and a large portion of the jet from the former is thrown into the latter. The most frequent cause of the affection is the transfixion of the vein and puncture of the artery beneath it, in the operation of venesection. In some cases the result is simply a communication between the two vessels. The vein becomes dilated, next assumes a tortuous form, and, later, communicates to other collateral veins these peculiarities, so that the entire limb may present a mass of distended veins, pulsating with more or less violence from the arterial blood thrown into it.

To this form of the affection it has been proposed by some to confine the term aneurismal varix, reserving that of varicose aneurism to those cases where, besides the communication between the vessels, and the consequences just described, there is also a distinct sac formed. This sac may assume one of three situations. In some instances it forms between the artery and vein. In others, it projects above the vein, the current passing across that vessel, and forcing itself into the cellular tissue beyond; while in one instance, at least, that we have met with, the artery was transfixed as well as the vein, and the tumor was formed beyond it. In this last case there must have been some abnormal distribution of the vessels.

Having thus referred to the mechanical peculiarities of the disease, we do not think it necessary to bestow much more time upon it. The vein is not otherwise altered than distended. The sac, if formed, partakes of all the characteristics of the sac in ordinary false or traumatic aneurism. The disease is gradual in its progress —the varicose condition of the veins increasing at a slow rate, and more and more of them in time becoming affected, until all those belonging to the limb are involved. A remedy for the disease has been found in compression. This, when the affection is at the bend of the elbow, has been made effectual by flexion of the arm. The injection of the per chloride of iron has succeeded in one case. These failing, the ligature is our resource. It must be applied by cutting down directly to the opening into the artery, and applying a ligature above and below it. No other course can be relied upon. Where the artery has been tied above, the collateral branches have continued the circulation sufficiently to feed the disease. When neglected too long, the ligature does not avail, and amputation is the only relief from the distension, weight, pain, uselessness and liability to gangrene, of the affected limb. With what has gone before, we consider this a sufficient exposition of the disease and of its remedies.

### APPENDIX.

What we said of the disease at times called aneurism of the heart, we would not alter—it is perfectly correct as far as that disease goes—but our later researches induce us to mention, at least, an affection which may be termed more correctly aneurism of the heart. It consists of a separation of the muscular fibres of that organ, so that a sac, consisting of cellular tissue, lined by the continuous inner tunic of the heart, is formed. Such a sac may project from any portion of the heart, and the cases thus far analyzed are too few in number to tell us confidently what cavity of the heart is most subject to this affection. The author that enlightens us most on the subject is Breschet, who has written a monogram upon it.*

The first case he quotes from Walther, of a merchant, the posterior ventricle of whose heart was elongated and terminated in a large sac. Baillie mentions that he has seen a cyst projecting from the summit of the left ventricle, the size of a small orange. Zanini gives a case occurring in a gondolier; and so Bertan, Rostan, Cruveilhier, Berard and others, relate cases of an affection which is evidently the same, viz., a sac projecting from some part of one of the ventricles. Of course there is no remedy for this disease, though we have met with one case of spontaneous cure of it, related by Dr. Wilkes in the *Medical Times and Gazette.* The patient was aged 52, and died of phthisis. A bony sac was found attached to the left ventricle, but filled up, and solid.

We trust this brief notice will suffice for a disease of which we scarcely know the symptoms that indicate it during life; for which we have no remedy should it be recognized, and of which the only termination is death, excepting in such a rare case as the abovementioned, in which a spontaneous cure occurs.

## Army Medical Intelligence.

HILTON HEAD, S. C., MARCH 11th, 1862.

*To the Surgeon-General.*

DEAR SIR,—I have, within the last few days, made my monthly report to Dr. Cooper, the Medical Director for this Division of the Army, and I now avail myself of the excuse for "apparent idleness" furnished by a very rainy day, to report myself again to you.

It is now over two weeks since we arrived here. Embarking on board the steamer "Ericsson" at New York on the 14th of February, we came in sight of Port Royal on the 21st—prolonging a voyage, generally of but a few days, to a full week. The weather was sufficiently pleasant most of the way, and, with the exception of seasickness, nothing worthy of notice occurred.

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* Recherches et Observations sur l'Aneurisme Fausse Consecutive du Cœur, et sur l'Aneurisme Vrai des Arteres. No date, but we believe it to be about the year 1829.

On Saturday, the 22d ult., the regiment landed. The facilities for landing the baggage, however, were so poor that it was many days before much of it could be got ashore, and some of it is awaited even at the present day. A slightly shelving, sandy beach prevented the near approach of vessels to the shore, while the wharf, built since the arrival of the expedition, was occupied by vessels loading and unloading—and of those who had the management of things, i. e. the Post Officials, most of them seemed indifferent as to whether anything was got ashore or not.

At present, the health of the regiment is pretty good. The weather, at first *very* warm, is now generally warm and pleasant, although we have had some weather unusually cold for South Carolina, even to the extent, one night, of freezing quite hard. The location is sufficiently healthy. There are some good plantations on the Island, covered with neglected cotton growth, and flowers are in bloom within a short distance of us; but, where we are now stationed, within gunshot of Fort Welles (originally Fort Walker), the sand is deep, and the winds, which blow violently every afternoon, whirl it about, often so as to render the customary drills impracticable, or rather, perhaps, very disagreeable.

Two battalions of the 1st Mass. Cavalry are encamped along side of us, and Col. Williams is in command of a Brigade formed of the 6th Connecticut, the 28th Mass. and his own regiment. His men are in an excellent state of discipline; and in this, as well as in general health, cleanliness of camp, and general good order, Dr. Cooper, the Medical Director, allows that no regiment in the army can surpass it.

As far as sanitary regulations are concerned, all the officers of the regiment, from the Colonel down to the lowest, are disposed to enforce them fully, and the health of the regiment compares very favorably with that of any other here.

When leaving Governor's Island, I was obliged to leave five of the regiment at the post hospital there. Two were convalescing from rheumatic fever and general anasarca respectively, and one had fractured a fibula a few days previously to our departure.

Yours, &c., P. A. O'Connell,
*Surgeon 28th Regiment Mass. Vols.*

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The following is from a letter from Surgeon Derby of the 23d Regiment, Mass. Vols. :—

House near Battle Ground, 4 miles from
Newbern, N. C., March 18th, 1862.

I am sitting at a table, in front of a wood-fire, one secesh dip illuminating the room, which is full of wounded men—one behind me, with a wound through the chest, groaning all the time, while soldier nurses are picking their way about the floor, wetting the bandages, and giving water, gruel and broth to such as I direct. I am interrupted every five minutes. My clothes have not been off since the fight on Friday. While the army are rejoicing at Newbern, the surgeons are keeping watch over the wounded day and night—looking out for bleeding wounds, and keeping the sparks alive in many who will, we hope and trust, yet be strong and well.

Thursday we landed, marched through mud and water (black pudding) seven miles to near this point. It was weary work, and a good many fell out. Turned into the woods, built fires, laid down in a hard rain on the soggy ground, with only rubber blanket, and slept. At daylight up and away; no breakfast, but hard bread and cold salt meat. Soon, as at Roanoke, the musketry was heard in the front—"Double quick, Sons of Gideon." In ten minutes more the 23d were in a hail-storm. I took my position, with Dr. Stone, and a corps of ten or twelve men, behind a clump of three trees of moderate size. I was nearest the fight, as at Roanoke, and though often solicited to go farther off, declined so to do; though if our party had been struck, I should perhaps have regretted it. Why they were not, seems strange, for it afterwards appeared that we were exactly in range of the middle of the breastwork. For two hours there was a rattle, and whiz, and crash of missiles over and on either side of us. Cannon balls and shells flew past us, I verily believe, once a minute. Trees were felled all about us by cannon balls. One struck the ground within three feet of us. Another crashed into the branches overhead, and threw the bark and splinters into the wound in which I was tying arteries. Gen. Foster's position was at the same place. On several occasions he called a soldier to his side, and commanded him to point his musket at men who were skulking to the rear, telling them to return or they were dead men. They preferred to return—at least a little way. I remember one fellow, on hands and knees, howling as with pain, passing my station. I stopped him, and turned him over. He was white with terror, and that was all. It was a perfect hail-storm. For myself, I was busy from the first moment—extracting balls, applying bandages and styptics. In ten or fifteen minutes, Capt. Sawyer, of the 23d, was brought in, his leg carried away by a round shot. I amputated the thigh on the spot. Then a man, with arm dangling by shreds of flesh; amputated arm near shoulder. This was done without other assistance than my hospital cook, for, in obedience to orders from the Brigade Surgeon, I had sent Dr. Stone to him. Then many others were brought. The sum of my day's work was, in capital operations:—amputation of the thigh, 3; of the leg, 1; of the arm, 1; at shoulder-joint, 1. Next day another arm. These were all cases where death was inevitable without resort to amputation. They are now all seven in this room, and all doing well—even the latter, which was formidable. That they will all recover finally, I do not and cannot expect. It is against all statistics. I dread the removal of these cases to Newbern. It must be done, however, very soon.

March 21st.—My sick have all been removed safely. I am now able to change my clothes—covered with blood and mud—which have been on six days.

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Our correspondent, Dr. G. B. Willson, writes, in pencil, from the advancing Army of the Potomac, under date of "Camp Hamilton, two miles from Fortress Monroe, March 24th, 1862," that no facilities were then enjoyed for correspondence, the only person in the regiment in possession of pen and ink being the Adjutant, and no baggage being allowed him beyond what could be packed in an ordinary valise. He furnishes, however, besides a reference to matters not intended for publication, some interesting items respecting the health of the troops under the use of impure water and peculiar exposures. After speaking of the departure of the regiment from Fort Michigan, for Alexandria, on the 14th, he says:—

"After embarkation, at 10 A.M., on the 17th, we lay between Washington and Alexandria at anchor till afternoon of the 18th. The water of the Potomac, always muddy and dirty, is at this point pretty well mixed with the drainings of sewers and filth of every kind from Washington, which at the present time, between citizens and other civilians and soldiers, must have a population of over 100,000. This was the only water our men had to drink from the time we embarked, and in less than twelve hours it began to show its effect in diarrhœa and dysentery. Between that time and our landing at Fortress Monroe, I think I must have prescribed for as many as 150 cases of diarrhœa and dysentery. And some thirty or more of our men are yet suffering from the same complaints, contracted or first developed on the boat. Since coming here we have had to lie on the ground, without anything but oil-cloths under us and without fires, and the weather being damp and chilly and near half the time rainy, we have a great many new cases of coughs and colds, and some rheumatalgia." * * * * * "I shall have but little chance to write after this, but if I find anything really valuable I shall endeavor to let you have it. I do not think it right of contributors to expect you or other journalists to publish their reports of surgical cases without regard to *selection*. It is but wasting paper to report every case that occurs, even if it can be done in a few lines."

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## Bibliographical Notices.

*Amputation of the Cervix Uteri.* By J. Marion Sims, M.D., Surgeon to the Woman's Hospital, New York. [Extracted from the Transactions of the Medical Society of the State of New York, 1861.] New York, 1861. 8vo. Pp. 16.

The author of this pamphlet has a two-fold object in view;—1st, to recommend the operation of amputation of the cervix uteri for various non-malignant affections of the part seriously affecting the general health or comfort of the patient, which are incurable by other means; 2dly, to describe a new method of operation, whereby the process of healing may be accomplished in a few days, instead of as many weeks. This method is as follows:—The portion to be removed is either cut squarely off, with scissors; or the cervix is first split laterally, and each half then removed separately. The mucous membrane from the stump is then drawn forward, and secured over the raw surface by means of silver wire sutures, from four to six in number; exactly as the skin is made to cover the stump of an amputated limb. It is not necessary to remove the whole cervix, even with the vaginal insertion. If half an inch of it be left, it will disappear by the process of absorption, just as the pedicle of a fibrous polypus of the uterus, or a considerable portion of a tonsil, will be absorbed after the remainder has been removed. There is no hæmorrhage, and scarcely any constitutional disturbance; the patient recovers from the operation in a few days. Two good engravings illustrate the method of operating.

How far the operation is effectual in curing permanently the subjects of these painful and obstinate diseases, is not apparent from Dr. Sims's paper, since the first case does not date back further than November, 1860; but one thing is certain—the patients were all greatly improved, and continued well so long as heard from. There is no reason why amputation of the cervix uteri for disease should not be as successful as the same operation in other parts of the body. We commend it to the attention of those who are interested in this branch of medical practice.

We cannot forbear to remark that the modest manner in which the author speaks of his achievements, in this paper, forms an agreeable contrast to the style in which his previous publications are written.

M.

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S., F.R.C.S., Lecturer on Anatomy at St. George's Hospital Medical School. Second American from the revised and enlarged London Edition, with three hundred and ninety-five engravings on wood. Philadelphia: Blanchard & Lea. 1862. 8vo. Pp. 816.

A SECOND American edition of Mr. Gray's comprehensive treatise on anatomy, is perhaps the best evidence of its adaptedness to the wants of the student. In the various departments of anatomical study, the book is remarkably full and largely illustrated by accurately lettered wood engravings. In the description of the anatomy of the bones the articulations are shown on a new plan; and the author has adopted a method by which the hitherto complicated account of the development of the bones is made more simple. In the section upon the muscles and fasciæ, a series of illustrations, showing the lines of incision necessary in the dissection of the muscles of each region, as well as the portion of the work devoted to surgical anatomy, which is also carefully illustrated, renders the book peculiarly valuable as a text-book to the student of medicine. The author has also wisely introduced a brief account of the microscopical anatomy of some of the tissues and of the various organs, which much enhances the value of the book. On the whole, the publication of Mr. Gray's work just at this time is quite *apropos*, and we doubt not it will meet with a ready sale. It is printed in the usual style of Blanchard & Lea's publications, to which enterprising firm the medical profession is so much indebted.

MEDICAL COMMENCEMENTS.—At the annual commencement of the Medical Department of the University of Pennsylvania, on the 13th ult., the degree of Doctor of Medicine was conferred on ninety-one gentlemen. Unlike the graduates of former years, most of them belong to the middle States—only two coming from States which have seceded. The valedictory address was delivered by Joseph Leidy, M.D., Prof. of Anatomy.—The annual commencement of the Philadelphia College of Pharmacy was held last month, when the degree of Graduate of Pharmacy was conferred on thirty-one gentlemen. The valedictory address was delivered by Prof. Robert Bridges, M.D., and a beautiful oil painting of Dr. Jackson, of the University of Pennsylvania, was presented to the College by the second graduating class of the institution.—At the annual commencement of the Starling Medical College, Columbus, Ohio, in February, the degree of M.D. was conferred on eleven gentlemen. Prof. S. Loving delivered the valedictory.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 3, 1862.

City Hospital and Dr. Green's Book on Hospitals.—We promised, a week or two since, to notice Dr. Green's book, and to comment upon it, together with some other publications on like subjects, and give our views upon hospitals, generally and particularly.

Dr. Green's book, or pamphlet, consists of sixty-six pages, besides two photographed elevations of the proposed building and three woodcut plans. But brief as this seems to be, we must say we have seldom seen the idea of a perfect hospital so thoroughly and completely carried out as by Dr. Green in these few pages. He has evidently considered the subject systematically and minutely, and has entirely mastered the essential requirements of the case. With but two or three exceptions, his ideal picture of a complete hospital is faultless. He begins by mentioning the common defects of a hospital, and what changes should be made in the ordinary type of these structures to remedy them. The principal one is that already suggested by Dr. Clark—though not claimed, of course, as original—of having the Hospital built in separate pavilions, each containing two or more wards, and all the essentials in the way of bath-rooms, water-closets, kitchens and nurses' room, of a separate and distinct hospital. This is as it should be. The more thoroughly we individualize each patient in a hospital—the more nearly we furnish that patient with the peculiar and distinctive comforts required by his particular case—the more perfectly and completely do we meet the demands that disease and suffering have made upon humanity. This scarce needs illustration as a general proposition, yet it has only been recognized within the last twenty years or so, and we think that its full force is still unfelt; nor has the application of it been carried out as thoroughly and efficiently as we hope in time to see it.

Until comparatively lately, immediate economy in the current expenses of these institutions seems to have been far too exclusively considered by their devisors. Urged by this feeling, cheap methods of heating, of cooking, of nourishing, &c., have been contrived, and it has been found that the average expense of each individual for these various items lessened as the number of individuals increased; consequently the size of the institutions was increased. It cost very little more to heat a large ward than to heat one of half the size; wards were therefore made large, irrespective of the purposes to which they were to be devoted, and, as a natural consequence, patients and diseases of the most incongruous and unfit character were herded together. The fact that this is still done, we have heard asserted even at the present day, as a strong charge against some of the so called benevolent Institutions of Massachusetts; and if it is so, we can fully realize the grim sarcasm that represents a poor female who, upon mentioning she came from the public Institution at Tewksbury, Mass., was told by the Janitor of Gehenna that she must go back, as there was no place under his charge fit for her. Her piteous entreaties thereupon are described to have been very urgent for a revision of his decision. And so with the kind of diet and its preparation for use, as carried out in too many of our large eleemosynary institutions, we find particular adaptiveness to the necessities of any one case, too much absorbed in the attempt to make one pound of beef or mutton, at a certain price, yield its full per centage of nutrient matter to a given number of individuals. And still further, when we look at the size of the institution in some instances, and divide the number of patients it receives by the number of medical men in care of it, most of whom, as a general rule, are already in large private practice, we must fear that the reported conversation between one of these chiefs and his assistant, though overdrawn for the masses, might still be true as applied to the treatment of some individual patients. "How shall I treat the patients in the hospital to-day?" "What was the treatment I gave yesterday?" "You ordered me to phlebotomize the first ward and to jalap the second." "Then to-day you can jalap the first ward and phlebotomize the second."

The remedy for this is the division of the General Hospital into separate pavilions—or, to use the proper term, hospitals—each as far as possible independent in itself; that is, containing all the necessary conveniences for its own efficiency.

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New York Academy of Medicine.—At a stated meeting of the Academy held last evening, the following preamble and resolutions were presented by Dr. A. H. Stevens, and unanimously adopted :—

*Whereas,* during the present unhappy war many of our professional brethren in service among the combatants have risked their lives, or gone into voluntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe: therefore,

*Be it resolved,* That in such conduct this Academy recognizes the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

*It further resolves,* To welcome to its sittings those who have acted under these self-sacrificing and generous impulses.

On motion of Dr. J. H. Griscom, the Secretary was directed to send a copy of the above to each medical journal in the country.

J. H. Hinton, *Rec. Secretary,*
*New York, March 20th,* 1862. 41 *West* 32*d Street.*

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Specimens of Materia Medica for the London Exhibition.—In the November issue of this Journal our readers were informed of the intention of the Philadelphia College of Pharmacy to make an effort to get together a collection of the materia medica of the United States for deposition in the Great Exhibition at London, in June, 1862. We have recently had the pleasure of inspecting the collection, now nearly ready (Feb. 16), and have been agreeably surprised at its extent in view of the short notice and unfavorable season that has elapsed since the appointment of the committee to this service. The appearance of the collection is much enhanced in beauty and completeness by the excellent glass-ware in which it is contained, which is the product of the works of the New England Glass Company. Should no mishap occur to the collection, it will certainly be an acceptable offering to the medical and pharmaceutical department of the Exhibition, and will afford a rare opportunity to study very many products of our soil that heretofore have only been known there, if at all, through the pages of the books and journals of the United States. The recent adverse action of Congress has thrown the College on its own resources to forward the collection to London.—*Am. Jour. Phar.*

The following extract from the Paris correspondence of the *British American Journal* mentions a curious discovery recently made, showing the manner in which chemistry can be applied to archæology:—

"Some time ago, two human skeletons were found in stone coffins at Vertheuil, in the department of Seine at Oise. The bones, though brittle, were in a perfect state of preservation, and everything tended to show that these skeletons had been buried many centuries ago. M. Conerbe, a chemist of some note, having obtained the shoulder-blade of one of these relics of past ages, subjected it to analysis, and found that it contained only ten per cent. of organic matter, besides the usual mineral substances of which bones are composed. Now as fresh bones contain 33 per cent. of organic matter, it follows that the bones of the skeletons at Vertheuil had lost 23 per cent. of organic substances. From this fact, M. Conerbe has endeavored to deduce the age of the bones he has examined. M. Vogelsong, he observes, has found that bones which had been buried 1,100 years scarcely contained any organic matter at all; whence M. Conerbe concludes that three per cent. of organic substance disappears every hundred years. Applying this rule to the bones found in the earth at Vertheuil, he fixes the year 1110 as the probable period of the inhumation of these bodies —a conclusion which tallies with the archæological observations made by M. Léon Drouin, of the Academy of Bordeaux. Hence M. Conerbe's rule is, to divide by three the loss of organic matter ascertained in a bone, the quotient will then represent its age in centuries. This rule, M. Conerbe admits, may be liable to considerable modifications from various circumstances; thus, for instance, bones must be differently affected according as they are exposed to the open air, or inhumed in a damp or dry soil."

Advantages of Early Vaccination.—The annual report of the Vaccine Committee was read at a recent meeting of the French Academy, in which the question of early vaccination was fully discussed. M. Depaul, the reporter, states, that in spite of the opposition raised to the vaccination of new-born children, the researches of the committee tend to show that this operation is not more dangerous in very early life than at the second or third month. In private practice, where the chances of variolous infection are much less than in the wards of an hospital, vaccination may, as a general rule, be delayed; but in the latter case such delays are dangerous, for, from one hour to another, cases of smallpox may be admitted. "If all children," continues M. Depaul, "were vaccinated within the first two or three days after birth, smallpox, already rare now in comparison with what it was formerly, would, we are convinced, completely disappear. This result has already been obtained by certain zealous vaccinators in the provinces. Such a rule should be all the more stringent in the case of Foundling Hospitals, as a means of diminishing the already too great mortality, and of preventing the spread of infection in the provinces by means of children in whom vaccination has either been ill-done or altogether neglected." In the subsequent discussion, M. Robert suggested that very possibly the dangers (and among them erysipelas) alleged as incident to early vaccination depended upon the plurality of incisions made for the introduction of lymph.

Case of Numerous Fractures, with Recovery.—Frederick Fry, F.R.C.S., Surgeon of the West Kent Infirmary, Maidstone, Eng., furnishes to the London *Lancet* the following interesting case of recovery after numerous fractures :

A laboring man, named Oxenbridge, employed under the late Lord Romney, was working in a quarry in Mote-park, his lordship's residence, when the upper part of the quarry fell, and Oxenbridge was buried in the ruins. When dug out, he was brought to the West Kent Infirmary, and I saw him two hours after the accident. On examination, three ribs on the left side were found fractured; the humerus, radius and ulna, on the same side, at the elbow-joint, were smashed, feeling like a bag of marbles, but the skin was entire; there was a transverse fracture of both patellæ, a fracture of the left tibia and fibula, and a fracture of the right fibula—eleven bones fractured. He was for four days in all but a lifeless condition, but gradually rallied. Four weeks after the accident, I amputated the left arm at the surgical neck, and eleven weeks after the accident he left the infirmary well. I met him about twelve months since, and he was able to walk and work; excepting the loss of his arm, as well as ever.

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PROBABLE DURATION OF LIFE IN PHTHISICAL PERSONS.—With regard to the probable duration of life of such persons as are doomed to die of phthisis, Dr. Brückner has deduced from his statistical investigations the following conclusions:—In a person of phthisical constitution, the danger of becoming affected with consumption increases up to the twentieth year, when it has reached its highest point. The danger may be reckoned as equal to 21·05 years of life, so that such a person at the age of 23 years has the same expectancy of life as a healthy individual at 44. From the thirtieth year, when it may be reckoned as equivalent to 17·42 years of life, the danger goes on diminishing. In the 40th year it is equal to 13.94 years, in the fiftieth to 7·23 only. In the seventieth year the danger is at an end, a person of phthisical constitution having the same prospects of life as any other individual of that age. Under similar circumstances, phthisical persons of the female sex die more rapidly and at an earlier age than males. The female sex reaches some years earlier than the male its highest point of mortality from phthisis.

If a person is actually affected with phthisis, his probable duration of life is 21 months and 9 days. A pregnant woman, during the duration of her pregnancy, is not likely to die of phthisis. After delivery, a consumptive woman has probably not more than six weeks to live. For all phthisical persons, the danger of dying is considerably greater in spring, less in summer and winter, and least of all late in summer, towards autumn. If a phthisical person removes from a warm to a cold climate, the danger of death is thereby greatly increased.—*Edinburgh Medical Journal* from *Canstatt's Jahresbericht*, 1861.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MARCH 29TH, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 35 | 28 | 63 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 40.0 | 32.8 | 72 8 |
| Average corrected to increased population, | .. | .. | 81.28 |
| Deaths of persons above 90, | 2 | .. | 2 |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 10 | 0 | 2 | 7 | 5 | 0 | 0 | 2 | 0 |

COMMUNICATIONS RECEIVED.—Dr. Welch's translation of M. Saurel's paper on Hæmaralopia.—Case of Poisoning by Strychnia, by Dr. Julian Harmon.

PAMPHLETS RECEIVED.—Report of the Committee of the Overseers of Harvard College appointed to visit the Library for the year 1861.—Prof. Baker's Valedictory Address to the Graduating Class of the Cincinnati College of Medicine and Surgery.—Report of the Surgeon-General of the State of New York.

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DEATHS IN BOSTON for the week ending Saturday noon, March 29th, 63. Males, 35—Females, 28.—Apoplexy, 1—bronchitis, 3—congestion of the brain, 1—disease of the brain, 1—cancer, 1—consumption, 10—convulsions, 2—croup, 2—dropsy of the brain, 1—epilepsy, 1—scarlet fever, 7—typhoid fever, 2—gastritis, 1—disease of the heart, 1—infantile disease, 2—intemperance, 1—inflammation of the lungs. 5—marasmus, 3—measles, 2—old age, 6—puerperal disease, 2—scrofula, 1—teething, 3—unknown, 2—whooping cough, 2.

Under 5 years of age, 26—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 2—above 60 years, 14. Born in the United States, 48—Ireland, 13—other places, 2

THE

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# THE OPHTHALMOSCOPE—A REVIEW OF WHAT HAS ALREADY APPEARED IN ENGLISH UPON IT.

BY B. JOY JEFFRIES, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

To answer inquiry as to the means of learning the use of the ophthalmoscope for those unacquainted with foreign languages, we propose to speak of four books which have appeared in English upon it. Scattered articles in various journals not being sufficiently full, we will pass over, as their substance is already incorporated in what is now in book form. One or two books on the ophthalmoscope are in the British press, to the receipt of which we look forward with much interest. Our *criticisms* are more particularly intended for those already familiar with the subject. These, however, will serve to show the practitioner and the student how he can *best* obtain the desired information.

"The Ophthalmoscope," by Jabez Hogg, London, 1859. This book appeared in London *seven* years after the inventor of the ophthalmoscope, Helmholz, had published his pamphlet entitled "Beschreibung eines Augen-spiegels zur untersuchung der Netzhaut im lebenden Auge"—"Description of an Eye-mirror for examining the Retina in the Living Eye." It was originally an essay read by Mr. Hogg before the Medical Society of London, subsequently appeared in the *Lancet*, and finally was published in the form of a little book of some 140 pages, with 8 colored illustrations of ophthalmoscopic appearances. To one perfectly familiar with the *theory* of the ophthalmoscope, and the different forms the instrument has assumed, that portion of the book speaking of the diseased structures and appearances which it reveals will be very acceptable. The instrument itself is not, however, sufficiently dwelt upon. The theory is omitted, without which the student cannot possibly learn, or the practitioner properly understand, its practical working. The book served, however, to call greater attention to the instrument, and to prove its absolute necessity for the ophthalmologist. It has already run through several editions.

In 1859 was published Mr. William Martin's "Illustrations of the Use of the Ophthalmoscope," a little pamphlet of 33 pages, as a reprint from the *British Medical Journal.* The object of Mr. Martin's book was to tell the student and the practitioner how they can learn about the ophthalmoscope in England, or rather in London. He says, pp. 1–2:—"It is probably as difficult, if not more so, to obtain an accurate insight into the information that may be gained by its use, as regards internal diseases of the eye, as it is for the neophyte to attain an accurate knowledge of diagnosis of diseases of the chest by the aid of the stethoscope." "I have thought that a collection of some of the facts positively known on the subject might be useful in supplying a want that I have experienced in my own case in the study of the ophthalmoscope." The author then goes over the different affections which the ophthalmoscope reveals, citing cases from various authorities in support of his remarks. This book also served to call greater attention on the part of the surgeon, as well as the oculist, to the ophthalmoscope in England.

There had not, however, been published on the optics of the ophthalmoscope anything in English so full as the German or French treatises, till a pamphlet appeared as a reprint from the *Glasgow Med. Journal* of July, 1860, entitled "On the Theory of the Ophthalmoscope," by George Rainey, M.D. This pamphlet, of some 70 pages, without thoroughly exhausting the subject, will enable the student to get hold of the most practical portion of the theory. It is illustrated by fifteen good diagrams, large enough to be clear and intelligible. It is the only treatise on the subject sufficiently full that we as yet know of in our language. We recommend it to all who are not familiar with German or French.

In 1859, the Jacksonian prize was awarded by the Royal College of Surgeons of England to J. W. Hulke, F.R.C.S., for an essay on "The Morbid Changes in the Retina as seen in the Eye of the Living Person, and after removal from the Body, together with the Symptoms associated with the several Morbid Conditions." This essay Mr. Hulke has embodied in a book entitled "A Practical Treatise on the Use of the Ophthalmoscope," London, 1861. In his preface he says, "At that time I had no idea of publishing it, nor would it now appear had I not been repeatedly asked by the students at the Royal London Ophthalmic Hospital for a guide to the ophthalmoscopic examination of the eye. In the absence of any standard work in English on this subject, I determined to publish the essay. Since, however, its utility as it stood would have been limited, I decided to include *all* the ocular structures and to give a short account of the optics of the ophthalmoscope." "Notwithstanding the progress which has recently been made in ophthalmoscopic diagnosis, very much remains to be done before anything like a perfect work on the subject can be presented; and in this, which I offer merely as an elementary treatise, some points are necessarily only just touched."

This book is well got up, both as respects diagrams and figures, and the nine colored engravings of ophthalmoscopic appearances are exceedingly good—better than any which have appeared with English text. Mr. Hulke first takes up the optics of the ophthalmoscope, and, with carefully-drawn diagrams, gives an exposition sufficient to enable the practitioner to comprehend the theory of the two different methods of examination, which he calls the "indirect method" (observation of the inverted aërial image), and the "direct method" (observation of the erect geometrical image). Upon this side of the water the term generally used is "examining with upright image" and "inverted image," simply translating the German "Untersuchung im Aufrechten Bilde," "umgekerten Bilde." We think these terms are preferable, as they state the truth of the circumstances under which we are making the examination, and, moreover, serve to impress upon the student the necessary difference between the two. In this we agree with a reviewer in the *Dublin Quarterly* for February, 1862, who says: "We must confess we are disposed to find fault with this term *(indirect)*, as if the eye itself were not directly examined, but had to undergo a preliminary or intervening process before a diagnosis could be made. We consequently think that as the study of the instrument is but as yet in its infancy in England, the more clear and unequivocal the technical terms employed, the more readily will a due appreciation of the subject be arrived at by the student. We would therefore suggest examination by the inverted method as a more appropiate term."

One thing we notice on page 10. Mr. Hulke says, "In the direct method of examination (with upright image), where both eyes are emmetropic, and their *accommodation is suspended*, if the surgeon bring his eye very close to the patient's eye it will receive parallel, or even slightly diverging rays from the fundus of this, which it can unite in an inverted image upon its own retina, and this image will be mentally projected as an enlarged, erect, geometrical one, apparently situated behind the patient's eye." This is true, but it is not so easy to suspend accommodation. The patient's we can temporarily destroy by atropine, which it is better to use on this account as well as for dilatation of the pupil. To the examiner the image appears so near as to call for his accustomed amount of accommodation for that distance. But the rays are really coming to his eye parallel; any effort at accommodation will therefore throw his retina out of focus. Long-continued habit may enable us to neglect to accommodate in spite of the apparent nearness of the image. Such is the case with Prof. Ed. Jäger, of Vienna. We have found that a normal eye, with active accommodating power, will require a twelve or ten inch focus negative glass to counterbalance its accommodation.

The different forms of the ophthalmoscope are spoken of, and those which the author prefers illustrated. He says, "for the indirect method of examination, I find Liebreich's small ophthalmoscope most convenient and handy, and generally use it; but for the direct method, I give the preference to Zehender's, which furnishes a superior illumination at the short distance that, in this method of observation, intervenes between the speculum and the patient's eye; it is, however, less easy to manage."

"For demonstrating to a class and for drawing, Liebreich's large ophthalmoscope is very useful. When the instrument and the patient have been once arranged by the teacher, any number of students can in turn observe the appearances."

The second part of the book is devoted to the appearances of the healthy structures, to illustrate which, he has copied the first plate of Prof. Ed. Von Jäger's magnificent work entitled "Beiträge zur Pathologie des Auges." This plate is exceedingly well done.

In speaking of the venous pulse of the retinal vessels, he says:—"I have never been able to satisfy myself of the spontaneous existence of a venous pulse in the healthy eye, as a natural phenomenon." Now this is in opposition to Donders, and we would not be too hasty in subscribing to it. Yet we have sometimes thought that we could not detect it till a continued examination had produced some retinal excitement and vascular turgescence. In regard to the arterial pulse, he agrees with the German school, referring to the writings of Von Graefe, Donders, Ed. Von Jäger, Coccius and Van Trigt on this point.

In the third part, headed "Ophthalmoscopic appearances of diseased Structures and congenital Imperfections," he speaks briefly of the intra-ocular changes occurring in kidney disease, but in the "Literature of this disease" does not mention Ernest Lecorche's very excellent thesis "De l'alteration de la vision dans la nephrite albumineuse (maladie de Bright)," published in Paris in 1858. This is more marked, as it is the only place where Mr. Hulke gives the "literature" of a disease.

Again, in speaking of colloid deposit upon the elastic lamina in choroidal atrophy, he says, "these compound masses are plainly visible to the unaided eye, and should, therefore, be easily recognized with the ophthalmoscope in the living eye, but I am only aware of a single case, published by Liebreich, in which this has been done." We wish Mr. Hulke had stated where this case is recorded. If in the "Archiv für Ophthalmologie" we have not found it, as there is no general index yet published.

On page 32, the author remarks, "Opacities upon the anterior capsule of the lens (which itself never loses its transparency), &c." To this the Dublin Quarterly reviewer objects, citing Prof. Arlt, of Vienna, both from his book and from his clinical lectures. Without attempting to settle this question we would simply say, that Prof. Wedl, of Vienna, in his Pathological Histology (p. 183, Sydenham

Society edition), states, "According to several later observers, it would appear that the question as to whether the capsule of the lens is involved in the opacity, must be answered in the negative. Nor have we, as yet, had any opportunity of convincing ourselves of the contrary; and deem it necessary here to notice a very obvious cause of deception with respect to this point, existing in the circumstance that an opaque material deposited on the inner surface of the capsule, or, in more rare cases, an exudative layer on the outer surface, might be taken for an opacity in the substance of the lens. But closer examination soon shows that the opaque material may be removed from the surface of the capsule without injury to its integrity, the lamellar structure having lost nothing of its transparency. We would not, however, wholly deny the possible existence of opacity in the capsule, inasmuch as it is conceivable that a partial separation of the *lamellæ* might cause an opacity of this kind." This was in 1854. In his magnificent "Atlas der Pathologischen Histologie des Auges," finished last year, he gives cases of capsular cataract, mentioning particularly that the capsule itself was perfectly transparent.

As to tubercle in the eye, Mr. Hulke says, "I am not aware of any recorded cases where it has been observed in its commencement." We believe Prof. Jäger has made mention of such to his ophthalmoscopic classes.

The detail of the drawing in the colored plates would signify to one familiar with the ophthalmoscope that the upright image was used, but as the plates are not marked "right" or "left eye," and it is not indicated in the explanation, a novice might be misled.

To those engaged in ophthalmology this book of Mr. Hulke's is, or will soon be, familiar. We would especially recommend it to the surgeon who is desirous of understanding the ophthalmoscope and appreciating its importance. After reading it, we think one acquainted with German and French will be induced to pursue the subject further than the limits of Mr. Hulke's book would allow him. French and German literature on this point is already copious, and the character of the publications shows how much this wonderful invention has interested the physicist as well as the oculist and the physiologist.

[To be continued.]

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## VERATRUM VIRIDE.

By Samuel W. Abbott, M.D., of Woburn.

[Concluded from page 191.]

### III.—THERAPEUTICAL VALUE.

That a *student of medicine* should say much from *experience*, would appear rather presumptuous. What I have to say upon this subject will therefore necessarily be somewhat brief.

In the medical journals for the past four or five years, there is scarcely a disease in the whole range of medicine for which this remedy has not been proposed. One would think, from a perusal of these journals, that a new panacea was about to be launched upon the sea of drugs already at the physician's disposal, and that everything, from measles to hydrophobia, would now yield to its power. Such has been the case with very many articles of our materia medica, on their first introduction, and they have been a long time in settling down to their proper position.

Having noticed the effects of this drug in health, we are now better prepared to observe its use in the treatment of disease. What abnormal conditions of the system would seem to indicate the use of a remedy with properties like those just described? Unquestionably those inflammatory diseases, whether general or local, which are attended with high arterial action. By this we do not mean to say that all diseases attended with inflammation should be treated with veratrum viride. It does not follow that we benefit a patient in proportion to the degree in which we diminish the number of pulsations of his heart per minute. A certain frequency is necessary for the healing process in inflammation. A certain excitement is also necessary, to eliminate morbid poisons from the body, as in scarlatina and typhoid fever. Again, the rapid pulse and nervous excitement, in certain inflammations, may be of such a character as to be borne without interference. After these, there supervenes a period of depression, and if given beyond this point, this remedy may add to the depression and diminish the chances of recovery. Veratrum viride, however, has this advantage in such cases over digitalis, that it is more rapidly eliminated from the system, and, unlike digitalis, it is not cumulative in its action, and may therefore be safely continued for a long period. From the similarity of its action to that of other vegetable sedatives of this class, we should be led to suppose that it has also a great advantage over antimony. For the latter diminishes the plasticity of the blood, and thus destroys one of its most vital properties.

Of the class of diseases before named in which veratrum viride is indicated, pneumonia ranks among the most important, and here certainly it has proved of the greatest advantage. Says Dr. Rogers, of New York, "It has no specific effect on the inflamed lung." In fact, no such virtue has been claimed for it. "It does not in any way modify or arrest the inflammation. On the contrary, the inflammation goes on to its usual results, entirely uninfluenced by the remedy."*

Now, with the veratrum viride we may reduce both pulse and respiration to any desirable limit, by the administration of from five to eight drops every three or four hours till nausea is produced, and frequently without the nausea. Let us now imagine the whole amount of blood in the body bounding through the vessels of the pulmonary and general circulation, at the rate of 120 to 140 pulsations per minute. "Assuming that two fluid ounces are expelled at every pulsation," I quote the article just referred to, "at this rate the whole amount must pass through the heart in one and a half to two minutes. Now in acute pneumonia, where the capacity of the lung is greatly diminished, and the demand for activity is correspondingly increased, an increased quantity of blood must be constantly poured into the tender and inflamed lungs. Every respiration gives the patient increased pain, and every pulsation adds new suffering, and the patient at last sinks under the combined reactions of the disease, the respiration and the circulation. Now the veratrum entirely controls the circulation, in some degree also the respiration, while the disease is allowed to go on to its termination. The benefit derived from its use is this: the impulse and amount of blood forced into the lungs in a given time is greatly diminished, thus affording them a degree of rest, such as is most favorable for a quick resolution of the disease. And all this is done without the loss of a single ounce of the life-giving current of the body."

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* *American Med. Monthly*, June, 1858. It may be noticed that what is here quoted as a fact, is stated in the preceding paragraph (in comparing V. viride with antimony) merely as a hypothesis, and that although this is its probable action, still, no experiments have been cited to prove that it is actually so.

The same may be said with regard to pleurisy, in which the inflammation is concentrated upon the lining membrane of the lungs and chest. Perhaps veratrum viride will not in every case do away with the lancet; but it is certain that those who have employed the former in pleurisy, have thought it necessary to bleed in but a very few instances. Experience also shows that the danger from subsequent effusions is much lessened.

It has been found of great value in puerperal peritonitis, in connection with opium and wine. In this disease my preceptor, Dr. Benj. Cutter, states that he has given the full dose of half a fluid-drachm, and repeated the same in thirty minutes, with perfect safety and success. This was done for the purpose of producing emesis, and thus hastening the sedative effect, which is so clearly manifested whenever the medicine occasions nausea or vomiting. The system, suffering with acute pain, tolerates the drug in much larger doses than would be safe in health, probably from the same reason that opium has been safely given in enormous doses in the same disease.

It is also of great value in controlling the heart's action and relieving pain in acute rheumatism.* In fact, the history of the drug tells us that this was the first disease in which it was used to any considerable extent. Its additional diuretic property renders it valuable in the treatment of rheumatism. In this respect it resembles colchicum, another plant of the same natural order.

Dr. Toland, of San Francisco, makes the following statement:—"When venesection is resorted to in acute rheumatism, to diminish arterial action, metastasis to the heart frequently occurs, and that organ becomes incurably diseased, which could not result from the use of veratrum, by which the same indication can be as certainly and more speedily fulfilled."

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* *American Jour. Med. Sciences*, vol. xvi., p. 296.

This statement naturally leads us to another class of diseases in which we should expect to derive much benefit from a medicine with qualities like these. I refer to organic and functional diseases of the circulatory organs. It has already been employed in such cases with considerable success, and might be of still further use in combination with digitalis. This plan of combining drugs together, so as to unite their useful properties in one form, has not been tried to any great extent with veratrum viride, so far as I can learn from reported cases. Many of the most useful preparations in our materia medica are combinations of drugs in one form; *e. g.* pulvis Doveri, pil. comp. cathart., &c.

Among diseases of this nature may be mentioned aneurism, and here we see that if it is valuable to the physician it is still more so to the surgeon. It may be used with great advantage before, and also after, an operation; in the former instance, especially when the aneurism cannot be readily reached by surgical means, as of the aorta, or any of the arteries within the great cavities of the body. In the latter instance we may readily control the circulation, and thus diminish the danger of secondary hæmorrhage. "Venesection," says the article last alluded to, "besides diminishing arterial action, also interferes with the restorative process. But with veratrum viride the effect can be produced, and maintained until the irritation resulting from the wound subsides, and the system accommodates itself to the derangement of circulation, resulting from the obliteration of a large arterial trunk." I noticed its use in the Blockley Almshouse, Philadelphia, at the cliniques a year since, in two cases of aneurism, with considerable relief to the patients. I will conclude this aneurismal paragraph with the statement of Dr. Coale, of Boston: "The agent, however, to which we are to look as a sheet anchor in such cases (referring to aneurisms) is veratrum viride." Again, in the fever resulting from wounds, whether accidental or surgical, it is beneficial, and much superior to antimony. For while the latter devitalizes the blood, the former *doubtless* allows the process of repair to go on to its termination, while the coagulability of the blood is not impaired. Thus union, either by first or second intention, is promoted, and the liability to secondary hæmorrhage prevented.

I have thus, in naming these few diseases, endeavored to illustrate those conditions in which veratrum viride is peculiarly indicated by virtue of the properties which it possesses.

Since writing the above, I have added a few investigations in regard to another subject, so intimately connected with this as to be worthy of notice here.

## VERATRIA.

The properties of veratrum viride have led many to suppose that it owed its peculiar power to some active principle, perhaps veratria, an alkaloid which has hitherto been obtained from the seeds of a Mexican plant of the same natural order.

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* *Boston Medical and Surgical Journal*, December 12, 1861.

On hearing the statement made during the present winter, in the lectures on arterial sedatives, that the active principle of this plant had not yet been determined, I was somewhat curious to investigate the subject and ascertain, if possible, whether its active principle were really veratria, or if it bore any similarity to it.

In making the trial, I made use of the mode given in the *Edinburgh Pharmacopœia,* preferring it to that of the *U. S. Pharmacopœia,* on account of its greater simplicity. The process is as follows, with the exception that in place of tincture of cevadilla seeds, the tincture of veratrum viride root was substituted. Four ounces of the tincture were concentrated by slow evaporation over a water-bath, until a deposit began to be formed. The residuum was poured, while hot, into twelve times its bulk of cold distilled water. This was filtered through calico, and the residuum on the filter washed, so long as the washings precipitated with liquor ammonia. The filtered liquid and the washings were united, and an excess of ammonia added. The precipitate was collected by filtration, washed with cold water, and dried by means of imbibition and the vapor bath. A slight additional amount was also obtained by evaporating, and cooling the remaining ammoniacal liquid.

The result obtained by this process was a brownish powder, in amount about two and a half grains. The same process was tried with four ounces of the tincture of the seeds already mentioned, and a similar powder was obtained, somewhat lighter in color, and in amount about three quarters of a grain.

*Properties of the substance thus obtained.*—The alkaloid thus obtained is soluble in strong alcohol, but insoluble in water. The following reactions were obtained by chemical tests. A dark orange-red color, on adding a drop of sulphuric acid. A portion dissolved in dilute acetic acid gave a white precipitate with liquor ammoniæ. These reactions are also characteristic of veratria, a quantity of which I had procured, in order to compare the two together.

Under the microscope, with a power of 300 diameters, the following appearances were noticed. Having dissolved a small portion of each in water acidulated with acetic acid, a few drops of sulphuric acid were added. This solution was partially evaporated at a gentle heat, and a drop of each placed on a slip of glass. The microscope revealed a multitude of beautiful acicular crystals. The crystals obtained from these two solutions are very similar, though more slender and beautiful in that obtained from the officinal veratria than in that from the nameless product in question. A similar result was obtained by the action of hydrochloric acid, except that the crystals were in both cases shorter and thicker, and some of them disposed to assume the shape of hexagonal prisms.

*Physical Properties.*—After trying the above reactions, hardly a homœopathic portion of the original amount remained, with which to test its physical properties; but there was a sufficient amount to induce considerable sneezing, and also an acrid bitter taste when taken into the mouth. The remainder, thoroughly mixed with lard, produced a slight redness of the skin, when rubbed upon the surface.

These facts, when taken together, would seem to prove that these two alkaloids, if not identical, are yet very similar in their natures.

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## CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

### No. I.—Larvæ of the common Fly in the Meatus Auditorius Externus.

On the 21st of August, 18—, a young man from a neighboring town, accompanied by his parents, presented himself at the office, complaining of a most severe pain in the ear. This pain was somewhat paroxysmal in its character, and was accompanied by a discharge of arterial blood. His parents represented that he had always been perfectly well until the 17th of the month, when the pain and discharge of blood first began; and the amount lost they estimated at nearly a pint. Making due allowance for common over-estimates of hæmorrhage, I can readily believe that he had lost a dozen ounces. In the course of conversation with them, something was said of "worms" as being the cause of his distress; but having to encounter the *vermicular* theory of disease at every turn in country practice, I paid little attention to the remark then. In endeavoring to get some light as to the previous history of the case, I found the young man himself referred his troubles to "going in bathing" some days previous to the 17th; after which bath, he laid down and slept for a time on the grass. On waking, he felt something in his ear, and supposed it to be a "bubble," but could not get rid of it. I have spoken of the young man's distress as *pain.* The word can hardly convey an idea of the agony he seemed to be in, every few seconds. The perspiration poured from his forehead, and clasping his head with his hands, he would roll upon the floor, seemingly almost delirious with his sufferings. With difficulty, owing to the flow of blood and the involuntary movements of the patient, I was able to introduce a speculum into the meatus, and get a glimpse of the interior. What was my astonishment to find it tenanted by several maggots, in full activity! The movements of these creatures against the sensitive structures of the ear was evidently the cause of the pain, and their excavations in feeding the cause of the hæmorrhage. I found that the least attempt to remove them by instruments was resisted by them; and as they were immediately set in motion thereby, wriggling against the membrana tympani, the agony caused the patient was too much for human endurance, and he could not be held in the chair. I consequently desisted from such attempts, after a fair trial of various instruments. Remembering some experiments I once saw tried upon these larvæ, tending to show their extreme tenacity of life for a time, even when immersed in caustic substances, I wasted no time, after a few trials with syringing, but, catching sight of a conical ether sponge upon the table, it occurred to me that anæsthesia might do. The sponge was wet with sulphuric ether and held for a few seconds over the ear, when we had the satisfaction of seeing the maggots wriggle from the ear, in great haste, on removing it. On looking in, but one could be seen, and a re-application of the sponge soon caused him to come out for fresh air. The whole number removed was some eight or ten; and, as the larvæ were of good size, I can hardly see how they could have been packed away so deeply in the passage, but such was the case. I fed them carefully until they became perfect insects, and found them, as I had supposed would be the case, the small green-bellied fly, commonly called the "blow-fly," and familiar to all.

I would say that the ear thus affected was a perfectly healthy one, and having no unnatural secretion.

## SOME REMARKS ON THE TREATMENT OF SCALDS AND BURNS.

[Read before the Medico-Chirurgical Society of Edinburgh, by JOHN YOUNG MYRTLE, M.D., F.R.C.P.E.]

IT is well known that, though burns and scalds are constantly coming under the notice of the surgeon, their treatment is too often a tedious and troublesome affair.

A consideration of the questionable success attending so many of the remedies usually resorted to; of the great pain inflicted on the patient, and the irritation caused to the injured parts; of the slowness of the healing process, frequently accompanied as it is by ugly ulcers, and followed by vexatious and disfiguring contractions; has induced me to bring under the notice of this Society a few simple observations on the treatment of this class of injuries, more especially as the plan I am about to recommend causes little or no pain to the patient, and is far more successful than the means commonly employed.

It is not my intention to mention or discuss the various plans adopted in the treatment of these injuries; nor do I profess to make wonderful cures of cases where the textures are seriously destroyed, and in which, should they not prove fatal, the cure is necessarily very tedious; still in cases coming short of this, a hastening of the healing process may be obtained, and the occurrence of troublesome granulations may be prevented—a desideratum by no means small under these circumstances. Neither do I mean to dwell upon the internal and constitutional treatment, but only to present a few practical observations resulting from a twelve or fifteen years' experience as to a peculiar mode of external treatment.

The two plans mainly depended upon in former times for the local treatment of scalds and burns were the sedative and the stimulating; of late the necessity of exclusion from the air has also been acknowledged.

I may at once mention that the plan I have long almost, if not altogether exclusively, put in practice, has been to use ointments, in such a form as most effectually to exclude the air, and at the same time to cool and soothe the parts; taking care, in the case of scalds, to puncture vesications when large, but then only because the presence of intervening fluid prevents the operation of the remedy, and because extensive blisters are often followed by troublesome ulcerations.

In employing the ointment plan of treatment, there is certainly nothing very novel; and the combination with sulphur may be regarded as of the same nature as the use of flour or starch made into a paste, or the Carron-oil mode of treatment. But as far as my experience has gône, sulphur seems to have almost a specific virtue in cooling and soothing the irritation of the injured part, and in removing the pain and inflammation which result from the application of heat.

When called to see a case of burn or scald, if nothing has been done, I immediately cover all the injured surface with a pretty stiff ointment, composed of simple hog's lard and flowers of sulphur, spread in the form of a good thick layer on linen cloth (which is greatly to be preferred to lint, as the latter is much more apt to adhere to surfaces deprived of their cuticle, if great care is not taken to remove the dressing), which ought always to be changed as soon as the part becomes hot and uneasy, when the sulphur is frequently found in the shape of a tolerably dry paste or crust. This crust ought to be carefully removed, and fresh dressing applied immediately, to be repeated as often as necessary. Under this simple treatment burns and scalds of a slighter character heal in two or three days; and even many cases which were wont to be tedious and troublesome under plans in common use, I find to heal kindly and speedily.

For some years after the adoption of the soothing plan in this form, combined with exclusion from the action of the air, I had the mortification to find that, when the scald had been very severe, or the cutis vera had been much injured by the burn, the cure was delayed by the occurrence of ulceration or sloughing, which I treated with the usual lotions, though too often with but tardy success. A good many years ago, in the course of a conversation with my friend Dr. Stark on the treatment of burns and scalds, I acquainted him with my ointment plan, and mentioned my occasional disappointments; when he told me that he had long used another ointment, which, when applied to the injured or ulcerated parts, generally induced a healing, reparative process far more speedily than could be obtained by the washes, &c., generally employed. The ointment in question is composed of common leeks and hog's lard, in the proportion of as much hog's lard as a slice of fresh butter for the table to each leek, which, being allowed to simmer by the fire in an earthen vessel until the leeks become quite soft and tender, and being strained through muslin, on cooling forms an ointment of a lightish green color, with a slight garlic odor. This ointment I have had many opportunities of testing, and I can confidently testify to its great value in the case of scalds where ulceration has taken place, and of burns where the cutis vera has been materially injured.

In scalds and burns of a minor character I always trust in the first instance to the sulphur ointment; but when a burn is combined with a scald, or if an ulcerated spot appears, I have the leek ointment applied to those parts without delay, and am almost never disappointed in witnessing a rapid cure, with comparatively little pain to the patient. In the case of severe scalds, as soon as ulceration threatens the vesicated parts, the cuticle ought to be carefully removed with a pair of forceps and very sharp scissors, so that the leek ointment may be adopted instead of the sulphur, when an hourly improvement will probably be observed.

Without trespassing long on the patience of the Society, it may at this point be desirable to give a case or two as examples of the efficacy of this plan of treatment.

An American gentleman and his son, having charge of a department in the North British Rubber Co., carrying on their operations in the old Silk Mills near Fountainbridge, while engaged in superintending one of the processes in the preparation of varnish, were suddenly overwhelmed by a tremendous explosion, in consequence of a flue taking fire and igniting the inflammable gas arising from the varnish, whereby the roof of the building was blown off, and the window completely shattered. They both received a very serious shock, and were immediately removed to their residence in Murrayfield, while a message at the same time was sent for me. In a quarter of an hour I arrived, having taken care to bring a good supply of hog's lard and sulphur along with me. I found father and son pacing up and down the room in an agitated manner, with hair singed, eyes suffused, and the skin of the forehead, face and neck singed black, and in several places much injured. The arms and hands were also much injured, and all the skin implicated was much inflamed. The father insisted on my attending to the son in the first place, but it was with great difficulty I could persuade the latter to sit down, as he continued pacing up and down, excited almost to madness by the shock he had sustained and the excruciating pain he endured. The dressing being completed, he became perfectly calm, and expressed himself as wonderfully relieved; and when the father had been attended to, both felt so comfortable, that the feeling of the ludicrous got the better of them, and they burst out laughing at each other's strange yellow masks—the eyes, nostrils and mouth alone remaining uncovered.

The father was able to return to his duty on the morning of the fourth day, and in three days longer all the injured surfaces were healed. He required the leek ointment to the back of his hands for three days only.

The case of the son was much more serious—his forehead, neck, arms and hands having been severely burned; and extensive vesication, followed by ulceration of an ugly-looking description, especially on the hands, arms and shoulders, having taken place, the leek ointment was constantly used from the third and fourth days until the twelfth day after the accident, when every spot was healed and he resumed his duties. Every day, from the second onwards, the ulcerated surfaces became narrowed in a most manifest degree, while by the fourth day, such surfaces as had required the sulphur only were completely healed. In this last case there was high febrile action for three days, requiring constitutional treatment of an antiphlogistic and soothing character.

The only other case I shall relate, I did not see until the Carron oil had been tried for three or four days; the subject of it was a miller, and the injury resulted from the accidental ignition of gas issuing from a broken pipe, by which the outside of the left foot and ankle was burned, and in removing the stocking the cuticle had been torn away.

When I saw him, on the fourth day after the accident, I found an ugly, dark ashy-looking ulcer, 2½ inches in length, and 1¼ inch in breadth, extending upwards from the heel towards the malleolus externus, while the parts around were considerably inflamed and swollen. The leek ointment was applied to the ulcerated spot, and the sulphur ointment to the inflamed surface around, and in three days the healing process was fully established, and in other three days he resumed his employment without inconvenience.

It may be as well to mention that I did not think it necessary to apply a single poultice in any of these cases, and, indeed, I have seldom required to use them since I have been in the habit of depending upon these ointments. Poultices are only required for a few days in cases where sloughs are difficult of separation; the leek ointment answers this purpose as soon as it can be applied round the edges of a slough, promotes the separation, and is not afterwards followed by weak, troublesome granulations.

It will be observed that in the cases I have brought forward, there was a rapidity in the healing process such as we almost never observe to follow the plans in general use; and these cases are only specimens of what I have observed in many like instances.

When the reparative process is slow, and there is a troublesome ulcer, with unmanageable granulations constantly springing up, we may apprehend an unseemly cicatrix; in the cases mentioned above, owing to the celerity of the cure, and the entire absence of granulations, save of a small, healthy character, the appearance of the parts soon became perfectly healthy; nothing worthy of the name of a cicatrix remained after a few weeks, and the faces of our transatlantic cousins seemed all the fairer for the ordeal they had gone through.

I have also constantly used the sulphur ointment in cases of smallpox; and, when carefully and constantly applied, it has never failed to afford relief, and has almost entirely prevented pitting; indeed, so far as I have used it, I may say that I have not had a single case of disfigurement, even in cases of natural smallpox in adults. Its use also in the painful and troublesome excoriations of children is equally effectual and soothing. As to the leek ointment, it is as well to mention that I have frequently found it very serviceable in foul, indolent ulcers, and also in gangrenous bed-sores, an instance of which may be mentioned in the case of a patient I attended for my friend Dr. Peddie, in which there was hopeless disease of the heart, kidneys, &c., accompanied with general dropsy. When I saw her, on the 9th of September last, I found gangrenous inflammation of both lower limbs, extending from a little below the knee to the instep in the one leg, and to within two inches of the ankle on the other, each patch being fully two inches broad. A poultice was applied for a few days until the separation was fully established, the leek ointment was extensively applied, and though the lady died before the end of the month, the sloughs had not only come away, but the sores were rapidly contracting, and were in a wonderfully healthy condition. In a more favorable case I am confident the best result might be expected, and troublesome granulations, such as generally accompany the continued use of poultices, might be in a great measure prevented.

In conclusion, it may be thought by some that so simple a plan was scarcely worthy of being brought under the notice of our Society, and its simplicity may be the very reason of my having so long deferred bringing it forward; yet, if it is simple, it is also safe, very grateful to the patient, and as far as my observation has hitherto gone, I have had good cause to trust to its efficacy. I wish my professional brethren in hospital and elsewhere, who may have better opportunities than I have of treating such cases, to give a fair trial to the plan, and I trust they may find it as great a comfort as I have done, and be able to give as good a report regarding it.—*Edinburgh Medical Journal.*

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THE ANNUAL COMMENCEMENT of the Jefferson Medical College took place on the 8th of March, when the Degree of Doctor of Medicine was conferred by the Hon. Edward King, LL.D., President of the institution, on the graduating class, which numbered 77. A valedictory address to the graduates was delivered by Professor Dickson.

# Bibliographical Notices.

*Report of a Committee of the Associate Medical Members of the Sanitary Commission, on the subject of Continued Fevers.* Boston: J. E. Farwell & Co. 1862.

This little pamphlet of 23 pages is a condensed practical summary of what is known at the present time about continued fevers. It was prepared by Dr J. Baxter Upham, of this city, at the request, it is understood, of the Sanitary Commission, and is published in accordance with the recommendation of the Medical Commission of the State of Massachusetts. Like the other papers of a similar character printed under the auspices of the Sanitary Commission, it aims to be eminently practical. The object of these publications is to furnish the surgeons of the army with the most concise and explicit memoranda on those diseases and injuries which are most likely to come under their notice, and thus supply them with a travelling library of the most compact and useful character. It is not an easy thing to meet the requisitions of such a class of compositions. It is not by any means easy to be as brief as is desirable, and yet retain all the important features in a sketch which shall be at once comprehensive, vivid and practical. The great tendency is to lose all distinctness in a condensed generality. We congratulate Dr. Upham on his success in giving in these few pages the essence of what few men would dare to undertake to reduce to so small a compass. The field embraced in his view is limited to the continued fevers, viz., irritative, typhoid and typhus fevers. The first two of these are familiar enough to physicians in general practice, the last not so much so—particularly to practitioners not residing in our sea-board cities As is well known, Dr. Upham has devoted special attention, both in Europe and America, to the dangerous study of typhus, and our own pages have been enriched by his contributions to our knowledge of this disease. No fitter person, therefore, could have been selected to give our army surgeons a daguerreotype view of that terrible scourge, one of whose most familiar titles is camp fever. We are very much pleased with the whole of this brief pamphlet. The descriptive portions are exact and accurate, and the treatment recommended eminently judicious, and in accordance with the views generally held among the most enlightened members of the medical profession at the present day. The advance of our army to the South brings to our minds the various malarial fevers of that region which must before long exhibit themselves, and we can only express the hope that as excellent a sketch of those much dreaded maladies may be prepared, under the direction of the Sanitary Commission, by some gentleman as well fitted for the task as Dr. Upham has proved himself to be for that assigned to him. In conclusion, we must express our admiration for the beautiful manner in which this pamphlet is printed; it is by far the handsomest issue from the hands of the Sanitary Commission that we have seen. There are a few errors of the press, however, which we regret to notice, but which seem to be all the blemishes which the most fastidious fault-finder could detect in this production. We will add that the author is testifying by works as well as words his zeal in the cause of the Union, having returned but a few days since from Newbern, whither he had hastened, with others, to make up the deficiency in the medical staff of Gen. Burnside's division, in charge of a number of wounded soldiers; and has again gone back on a similar errand of patriotism and benevolence.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 10, 1862.

Paralysis following Diphtheria.—The paralysis of diphtheria seems as yet to have attracted but little notice in this country, at least little has been published concerning it. Even in Europe but slight mention has been made of it in the various treatises on this disease which have been given to the world, although cases have appeared from time to time in the medical journals, so that the medical mind has become tolerably familiar with this sequela of a disease which, with the exception, perhaps, of Asiatic cholera, has engaged the thoughts of the profession and excited the apprehensions of the community of late years more than any other. M. Maingault has recently published in Paris what is said to be the first complete account of diphtheritic paralysis, in a pamphlet of 161 pages. We have not seen the work, but from the notice of it in the *British and Foreign Medico-Chirurgical Review* we take the following extract:—

> The outline which M. Maingault has sketched of the disease coincides entirely with its characters as they have presented themselves in this country. Thus, he has observed that the accession of the first symptoms usually takes place two or three weeks after the cessation of the primary local disease and the complete establishment of convalescence. In those cases in which the affection is about to attain its full development, the patient, instead of recovering his strength, begins gradually to become weaker; he experiences formications in his extremities, usually first in the feet and legs, attended with or followed by varying degrees of numbness and insensibility, and gradually becomes unable to walk. As the paralysis attacks the upper limbs, and the disease progresses, vision is impaired or lost, the articulation becomes indistinct, and the voice nasal and weak; the constitutional state being marked by the absence of pyrexia, the feebleness of the pulse, the pallor of the countenance, and the general characters of anæmia. There is often complete anorexia, but occasionally the appetite is preserved. The duration of this condition is various, it usually diminishes gradually, the occasionally fatal result being dependent either on gradual prostration or sudden asphyxia.

M. H. Roger, in a paper read to the Hospital Medical Society in Paris, has discussed the same subject, to determine the frequency of the occurrence of these symptoms, and whether they are peculiar to pure, idiopathic diphtheria. His observations were made on all the cases of this disease which were under treatment in the Children's Hospital during the year 1861. These were in number 210; and after deducting some doubtful cases, it was found that these symptoms occurred in 31 cases, or about one sixth of the whole number. Considering the fact that a certain proportion of the cases left the hospital before the disease had fully run its course, and others were prematurely cut off before the full development of all the symptoms likely to occur in grave cases, M. Roger thinks he is warranted in concluding that the ratio should be estimated as high as one fourth, or even one third, instead of one sixth. The paralytic symptoms showed themselves most frequently in children from 4 to 6 years of age, and in 21 females to 17 males.

The symptoms appeared, for the most part, first in the pharynx and velum palati, as was shown by the nasal character of the voice or the dysphagia. Often—four times in ten—the paralysis extended no farther; in other cases—twice in ten—it reached the lower extremities or became general, appearing first in the lower limbs and then in the upper in four cases out of ten. The same symptoms may appear in the course of cutaneous diphtherite without any throat affection.

Paralysis of the rectum and bladder was twice observed, once independently of any other paralysis, and once as a part of a general affection. Amaurosis was noticed once, without any evidence of albuminuria.

Paralytic symptoms appeared ordinarily from the fourth to the eighth day; sometimes dysphagia was observed from the first; this symptom, however, we should hardly regard as conclusive evidence of paralysis, especially in such young subjects. In other cases the symptoms manifested themselves at a very advanced stage. The mean duration of the paralysis was one month, subject, however, to the chance of prolongation and aggravation by intercurrent affections. The treatment recommended by M. Roger is the same as that of previous observers, namely, tonics, iron, sulphur and electricity. We have seen no statement by M. Roger of the proportion of recoveries to deaths, but the experience of other observers justifies the most confident favorable prognosis, even when the symptoms are apparently of a very grave character. We have gathered the above facts of M. Roger's observations from the *Gazette des Hopitaux.*

Appointment of Acting Surgeons in the Navy.—We are glad to learn that for some time past all candidates for the office of Acting Surgeon in the Navy have been subjected to a rigid examination. This has something of the character of shutting the door after the horse is stolen, but will no doubt do some good. If this rule had been adopted in the Navy as it was from the first, in this State, with reference to the Army, we should not have to regret the appointment of several knaves and charlatans whom we might mention, to offices of such grave responsibility. We shudder at the probable fate of the subjects of the surgical treatment of some of those to whom heretofore this responsible trust has been confided. Is it too late, even now, to sift out the chaff from the wheat among those already holding commissions, by requiring them to pass a satisfactory examination?

Robbins's Surgeons' Adhesive Plaster.—We have received specimens of this excellent plaster from the manufacturers, and it really seems to be the very perfection of plasters. It is water proof, and requires only to be moistened to stick most tenaciously. It is strongly recommended by eminent surgeons, both in civil and military service, and nothing could be better adapted to meet the wants of our army at the present time. It adheres equally well after two, three or half a dozen applications, and may thus be employed very economically in re-dressing wounds when the supply may happen to run short, as is very likely to happen at times in military service. It is carefully put up in rolls, enclosed in tin boxes. The inventor is a member of the profession, and it is prepared under his own eye. Messrs. Weeks & Potter, No. 170 Washington St., are agents for its sale.

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WHISKEY FOR MEDICINAL USE.—Whiskey, and especially Bourbon whiskey, has got into such extensive use in this country as a stimulant for invalids, that it is a matter of great importance to the community that there should be no suspicion of the excellence or genuineness of the article employed. Published analyses and laudatory testimonials of the excellence of samples are altogether too easily seen through, to be of any weight. The only security for genuineness must be in the character of the dealers. We would call the attention of readers to the announcement, in our advertising sheet, of a new agency in this city for the sale of an unequivocally good article. We are satisfied, from what we know of the parties concerned, that their statements are worthy of all confidence.

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RE-VACCINATION AMONG THE NEW YORK STATE TROOPS.—From the Report of the Surgeon-General of the State of New York—for a copy of which we are indebted to Dr. W. C. Wey, of Elmira, who has charge of the military hospital at that place—it appears to have been intended by the authorities that every soldier should be vaccinated before leaving the State, even though evidences of a former vaccination might exist. A general order to this effect was issued to all the regimental surgeons, with sufficient vaccine matter to carry it into execution. The Eastern Dispensary of the City of New York furnished gratuitously all the virus required—the amount supplied being sufficient for over 50,000 men—and the order was rigidly complied with. The whole number reported as vaccinated, by the different surgeons, up to December 1, 1861, was 9,248. Among this number, there existed evidences of previous vaccination upon 7,586. Whole number found susceptible to the virus, 2,403. Number found susceptible upon whom existed evidences of previous vaccination, 1,551. Of 1,045 persons included in last statement, whose ages were ascertained, 847 were between 18 and 25 years; 150 between 25 and 35; 48 between 35 and 45. It thus appears that 25.9 per cent. of all vaccinated, and 20 per cent. of those who showed evidence of previous vaccination, were found susceptible to the virus. One case of varioloid is also reported in a man showing all the distinctive marks of successful vaccination, and also one case in which an individual, who had had the smallpox, was found susceptible to the action of the virus.

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SUFFOLK DISTRICT MEDICAL SOCIETY.—The following officers for the ensuing year were chosen at the annual meeting of the Suffolk District Medical Society, held April 2d. *President*, Dr. D. H. Storer; *Vice President*, Dr. S. L. Abbot; *Secretary*, Dr. J. C. White; *Treasurer*, Dr. F. Minot; *Librarian*, Dr. C. Ellis; *Supervisors*, Dr. J. S. Jones, Dr. D. McB. Thaxter; *Commissioner on Trials*, Dr. S. Durkee.

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HEALTH OF SAN FRANCISCO, CAL.—During the month of January, 1862, there were 175 deaths in San Francisco, a decided increase as compared with December. During the month of December, the deaths from typhoid fever amounted to 11, and from diphtheria 7. In January the mortality from these diseases was but 6 and 2 respectively. Of 115 interments in the Lone Mountain Cemetery, 26, or 22.5 per cent., are entered as having died of phthisis. Four deaths are entered as having been caused by smallpox.

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MASS. COLLEGE OF PHARMACY.—At a meeting of the Mass. College of Pharmacy, recently held in this city for the choice of officers, the following were elected to serve for the ensuing year:—*President*, Thomas Hollis; 1*st Vice President*, Chas. A. Tuft; 2*d do.*, Charles F. Carney; *Recording Secretary*, Henry W. Lincoln; *Corresponding Secretary*, James S. Melvin; *Treasurer*, Ashel Boyden; *Auditor*, Samuel M. Colcord; *Trustees*, Daniel Henchman, Augustus P. Melzar, M.

H. Gleason, Robert V. Kent, Wm. Brown, John Buck, Henry D. Fowle, Elijah Smalley.

Turkish Baths.—A Turkish Bath Company is about being organized in New York, and from the names of the parties engaged in the enterprise, there is no doubt that it will meet with success. Among the Board of Directors are Dr. Valentine Mott, Wm. C. Bryant, Ex-Mayor Tiemann, Charles King, C. Godfrey Gunther, A. W. Bradford, and others of not less note. The institution is to be managed by Prof. C. Oscannyan, a native of Constantinople.

American Medical Association.—Official notice is given, we perceive, in some of the medical journals, that the regular annual meeting of the Association is further postponed until the first Tuesday in June, 1863.

Works of the Sydenham Society.—We are requested by Dr. Salter, the Local Secretary of the Sydenham Society, to notify the subscribers that the books now due are on their way and may soon be expected. Notice will be given of their arrival.

Dr. Ira Russell (Natick), Surgeon of the 11th Regiment, Mass. Vols., has been nominated by the President for the office of Brigade Surgeon, and will probably be appointed to fill the vacancy caused by the death of Dr. Luther V. Bell.

Death of M. Bretonneau.—This distinguished physician has just died at an advanced age, at Passy, near Paris, where he occupied a noble villa. M. Bretonneau's name is connected with some of the most valuable discoveries in medicine, and had risen to great eminence by his teachings and original turn of mind. The two leading men of the medicine and surgery of Paris respectively, M. Trousseau and M. Velpeau, were his pupils.—*London Lancet.*

## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, April 5th, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 36 | 46 | 82 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 37.6 | 38.8 | 76.4 |
| Average corrected to increased population, | .. | .. | 85.22 |
| Deaths of persons above 90, | .. | 1 | 1 |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 15 | 0 | 3 | 9 | 6 | 0 | 0 | 1 | 1 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending March 22d.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.716 | Highest point of Thermometer, | 38.0 |
| Highest point of Barometer, | 30.020 | Lowest point of Thermometer, | 20 0 |
| Lowest point of Barometer, | 29.184 | General direction of Wind, | N.N.W. |
| Mean Temperature, | 31.1 | Am't of Rain (inches), including week ending March 15th, | 1.67 |

Communications Received.—Case of Epileptiform Convulsions, &c.

Pamphlets Received.—Catalogue of the Officers and Students of the University of Michigan, with a statement of the course of instruction in the various departments.—Mortuary Tables of San Francisco, for two years ending June 1, 1860, arranged by A. F. Sawyer, M.D.

Married,—In this city, 31st ult., Henry M. Saville, M.D., of Quincy, to Antoinette Hale, daughter of Francis S. Carruth, Esq., of this city.

Deaths in Boston for the week ending Saturday noon, April 5th, 82. Males, 36—Females, 46.—Accident, 2—inflammation of the bowels, 1—disease of the brain, 4—bronchitis, 4—consumption, 15—convulsions, 1—croup, 3—cyanosis, 1—cystitis, 1—diphtheria, 1—dropsy, 4—dropsy of the brain, 2—scarlet fever, 9—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 3—infantile disease, 2—disease of the kidneys, 2—disease of the liver, 1—inflammation of the lungs, 6—marasmus, 1—old age, 4—paralysis, 2—premature birth, 2—rupture of a bloodvessel, 1—sore throat, 1—suffocated (by a bean in the windpipe). 1—unknown, 3—uterus (hæmorrhage of), 1—whooping cough, 2.

Under 5 years of age, 32—between 5 and 20 years, 13—between 20 and 40 years, 20—between 40 and 60 years, 5—above 60 years, 12. Born in the United States, 59—Ireland, 17—other places, 6.

THE

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## HÆMARALOPIA.

[Translated from M. Saurel's "Traité de la Chirurgie Navale," by THOMAS WELSH, M.D., Acting Assistant Surgeon U. S. Navy.]

HÆMARALOPIA is a neurosis of vision, in which the eyes enjoy the faculty of seeing while the sun is above the horizon, and cease to distinguish objects so soon as it sets. Although this disease is not exclusively confined to sailors, its frequency on board vessels, stationed in warm latitudes, makes it to a certain degree peculiar to them.

The causes of hæmaralopia are numerous; all that has been said in another place upon the influence which a sea life exerts upon the organ of vision, applies especially to this disease. Many theories, however, have been advanced to explain its production. Some attribute it to the excessive humidity of the nights, succeeding to the heat of days, in warm countries; others to the general debility of the system, produced by a bad or insufficient diet, and by a prolonged residence in the midst of abundant moisture; while others attribute it, not without reason, to the habit of sleeping on the decks of vessels. But the opinion which is the most general and probable is, that the disease is attributable to the influence which reflected light exercises upon the sensibility of the retina; the other causes assigned to it being predisposing.

Before going further, it must be asked, what are the etiological relations existing between scurvy and hæmaralopia? Many surgeons of the navy, having observed that these two diseases are very frequently met with in the same conditions, and that they are sometimes developed simultaneously, have concluded that there not only exists a common origin, but also an identity of nature, hæmaralopia being a symptom of the scorbutic affection. This view of the subject has not generally been admitted, and indeed it is not acceptable, if proposed in an absolute manner. But the fact of co-existence of scurvy and hæmaralopia in certain circumstances cannot be doubted. A very remarkable instance of it is found in the thesis of M. Guémar, who made his observations on board the frigate Alcestis during a cruise in the Pacific Ocean. The causes which generally produce scurvy were all present when this disease appeared; and among these causes he notices particularly a long residence at sea, an innutritious diet continued for a long time, a cold and damp condition of the atmosphere, and a massing of men. Two hundred and fifty of the crew were affected with scurvy, and seventy-five with hæmaralopia. In making an analysis of these seventy-five cases, it is remarked—

1st. That all presented incontestable symptoms of scurvy; some having been seriously affected.

2dly. That men having gray or blue eyes were alone affected, except in one instance.

3dly. That persons of lymphatic, chlorotic temperament, and soft muscles, with blond or chestnut hair, were greatly in the majority.

Persons of all ages were affected, but the more numerous cases were among young men. Generally, hæmaralopia presented itself in the most simple manner, but with different varieties. There are some cases, however, which deserve to be noticed. A patient was afflicted with complete blindness in the night, and almost complete during the day. Some lost the visual power of part of the retina. Thus, some saw very well objects placed above their heads, such as hammock hooks, and could distinguish nothing either in front, or very near. With others, it was the reverse. In others, finally, the lateral parts of the retina lost or preserved the faculty of seeing. Many "hæmaralopes" have never completely recovered their sight. During their sojourn in port, when the diet was changed, vision came back; but when they went out to sea again, and resumed the use of salt provisions, the disease returned after a few days. Most methods of treatment proved insufficient, when they had been employed once or many times.

The synopsis we have of the observations of M. Guémar proves, without doubt, that there is a variety of hæmaralopia which ought to be called scorbutic, because it is symptomatic or congeneric of scurvy.

Hæmaralopia commences sometimes in a sudden manner. At the moment of the setting of the sun, the patient perceives that his vision is diminished, and when night comes on he finds himself completely blind. Most frequently, the disease is established gradually. Artificial light is sometimes sufficiently noticed, while in other cases it is scarcely perceived. It is the same with the light of the moon and stars, which most generally produces no effect. Whatever may be the cause of it, the symptoms of blindness disappear in the day, to return at night. Photophobia supervenes, and the patient becomes blind; his sight becomes more and more weakened, and if the affection is neglected or badly treated, it degenerates into an incurable amaurosis. The eyes of hæmaralopes do not generally lose their natural appearance. The pupils, dilated during the day, are more so at night; they contract more slowly than in the natural state, and sometimes not at all. In others they remain contracted, and exhibit a painful sensibility of the retina, when they are exposed to a strong light. The direct or reflected action of solar rays is also painful, and accompanied with momentary blindness. The ocular conjunctiva is sometimes slightly injected, but most frequently it undergoes no other alteration.

Hæmaralopia is sometimes complicated with gastric or intestinal disturbance, or congestion of the brain. Its duration, when left to itself, varies from several days to many months. The prognosis is favorable, when it is properly treated. It frequently returns when once developed. Independently of its peculiar danger, those affected with it are exposed to different accidents, such as contusions, falls through the hatches, or, as more often happens, upon deck or into the water. Those who are affected with it ought to be carefully watched.

As M. Fonssagrives remarks, true hæmaralopia must be distinguished from that which is feigned. This affection is well known to sailors, who attribute it also to the influence of the moon, and often try to simulate it, either to shirk duty, or as a pretext to be sent home. The bogus hæmaralope will readily confirm the discordant symptoms which he will be interrogated about, but the permanent dilatation of the pupil, the only subjective symptom of this incomplete blindness, will furnish almost always a sufficient guide to detect the imposture.

Among the numerous methods of treatment recommended for this affection, there are very few which have any real efficiency. If symptoms of gastric disturbance present themselves, an emetic is indicated; if there is constipation, purgatives. If there is prostration and anæmia, tonics and the preparations of iron. If there is complication with scurvy, the measures proper to attack the latter should be tried. Bloodletting is generally contra-indicated; however, if there is at the same time excessive sensibility of the retina, or symptoms of ocular or cerebral congestion, it would be well to apply leeches to the margin of the anus or behind the ears. Lotions with cold water, repeated two or three times a day, or exposing the eyes to vapors of ether, are measures which can be used without inconvenience. It is the same with a singular mode of treatment, known for a long time, and which consists in submitting the diseased eyes to the influence of the vapors of an ox liver boiled in water. M. Maissonneuve says he has seen it applied very successfully by M. Fonssagrives, on a patient on board the "El Dorado." M. Fleury says he derived no advantage from it in the epidemic on board the "Dido."

But the most efficient treatment, and without which all other is useless, is to withdraw the patient from the influence of causes which have produced the disease. A prolonged residence between decks or in the hospital, combined with covering the eyes with a bandage, have been sufficient to cure cases of hæmaralopia which had resisted different methods of treatment. M. Cohen has cited a case of this kind, and M. Lastrilles reported three others, where the credit of the cure was due exclusively to this management. Whatever may be the means employed, the patient would do well, to prevent relapses, to wear a green or blue shade over the eyes. If hæmaralopia has a constant tendency to return, permission must be obtained to attach the patient, for a time at least, to the internal service of the vessel.

# EPILEPTIFORM CONVULSIONS IN A PREGNANT WOMAN, APPARENTLY CORRESPONDING WITH THE STRANGLING OF THE FŒTUS AND CONSEQUENT DISTURBANCE OF CIRCULATION OF MOTHER, &c. &c.

[Reported by Henry A. Martin, M.D., of Roxbury, and communicated to the Boston Society for Medical Improvement.]

Mrs. D., aged 27, of middle stature and fair complexion, last menstruated at end of May, 1861. On the 6th of January of the present year, while sitting before the fire, was seized with a convulsion, during which, according to the narrative of the family, the limbs were violently agitated. Dr. Flint, of Roxbury, was summoned, but before his arrival the patient was again conscious, and apparently in her ordinary condition. Later on the same evening, she was again seized in the same manner as before, and the Dr. sent for. On his reaching the patient, sufficient evidence existed, in her condition, of the grave character of the case; an emetic (the patient having supped heartily) and a powerful cathartic were ordered. Both operated fully and with favorable effect, for no more convulsions occurred till the evening of the 11th of January, when Dr. Flint, being again sent for, found her laboring under a violent epileptiform convulsion, with tendency to coma. The treatment—purgatives and counter-irritation—failed to prevent a frequent recurrence of the attacks through the night; towards morning the convulsions ceased, and were followed by comatose sleep, which continued for several hours. Dr. Flint continued his attendance for several days, during which, although the patient's condition seemed to threaten it, no recurrence of the convulsions occurred, nor was anything heard from the patient till the first of the present month (March), when Dr. Flint was called on to attend her in labor; attendance on another case prevented his responding to the call, and I was summoned to her aid. I found that she had been in labor for several hours; that for about an hour the pains had been quite frequent and severe. On examination, I found, protruding from the vulva, what, at first, seemed the bag of membranes, but on further investigation proved to be a large loose scalp, containing a quantity of fluid, within which could, between the pains, be felt the cranial bones, partially detached, but still adherent to the pericranium by their lower surfaces; these bones, particularly the parietals, were forcibly pressed, with each expulsive act of the uterus, against the soft parts of the mother, and notwithstanding the intervening scalp, produced in this way very exquisite suffering. I broke open the scalp, allowed its fluid contents, which were of a most fœtid character, to escape, grasped the flaccid mass, and, pressing the bones inward, drew the fœtus away, although with considerable difficulty. The funis was found to be wound twice, most firmly, around the neck of the child; and it was evident from the manner in which the epidermis had been removed from the parts beneath the stricture, that this condition of things was not recent, but of long continuance. I removed the fœtus, with the funis and placenta, without in any way disturbing the relation of the cord to the neck. The placenta I found to present the appearance to which the term "tubercular" has been, somewhat loosely, applied. The offensive odor of the fluid contents of the head, and also that of the rest of the body, together with the degree of exfoliation of the epidermis, indicated that death must have occurred at about the time of the mother's first convulsive seizure (between seven and eight weeks before).

I have presented the fœtus, &c., together with this narrative, to the notice of the Society, because it seemed to me that the possible connection of the strangling of the child, and consequent sudden disturbance of the maternal circulation from the entire cessation of that between the mother and child, with the convulsive seizures, and perhaps, also, with the condition of the placenta, presented many and interesting subjects for thought, and not by any means devoid of practical interest and value. I refrain from speculating on the matter, simply offering the specimen and the preceding narrative.

*Roxbury, March* 10*th*, 1862. HENRY A. MARTIN.

[The above case was read by Dr. Jackson, and the fœtus shown, with the cord wound twice tightly round the neck, as at the time of birth; also the diseased placenta.]

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## THE OPHTHALMOSCOPE—A REVIEW OF WHAT HAS ALREADY APPEARED IN ENGLISH UPON IT.

By B. Joy Jeffries, M.D.

[Concluded from page 191.]

It will perhaps be asked, has nothing appeared upon this side of the water on the ophthalmoscope? In some of our journals there have been occasionally valuable papers—mostly, however, calling attention to it and its results. We wish this had been all. We regret to say that something further has appeared, with regard to which our terms must be different from those employed in reference to the English books on this subject.

At the 11th annual meeting of the American Medical Association, held at Washington in May, 1858, the Prize Committee awarded a prize of $100.00 to Dr. Pallen, of St. Louis, for an essay upon "Vision and some of its anomalies as revealed by the Ophthalmoscope." This is published in the 11th volume of the Transactions of the Association, and is therefore to go abroad as endorsed by the Association, and through it by the profession in general. Against this, as a member of the Association, we would strongly protest. To show that we are not alone in this, we quote the following from the April number of the *American Journal of the Medical Sciences,* 1859. It is in a review of the American Medical Association's Transactions, signed, "E. H." "There is nothing in the rudimentary account of the anatomy and physiology of the eye, with its diagrams and zoölogical introduction, which prefaces the somewhat more elaborate sketch of what is known of color blindness and some other anomalies of vision, or even in all this together, that need have led the prize committee to mistake a praiseworthy exposition for an original production, or even a professor's *thèse de concours.*" "We are at a loss, therefore, to comprehend the rationale of the process by which they reached a conclusion which must compromise the Association with all readers at home and abroad, who know anything of the progress of the science of ophthalmology in the last five years. Happily the number of those who are thus informed in this country is by no means small; and enough has been done by American writers on the ophthalmoscope to redeem the profession of the country from the mortifying imputation to which the hasty action of the prize committee has subjected our national congress."

We should have supposed that such a criticism would have prevented any further communications; but in the 13th Vol. of the Transactions, 1860, we find a "Report on the various Surgical Operations for the relief of Defective Vision," by Dr. Pallen. This has called forth the following remarks from "D. F. C." in the January number of the *American Journal of the Medical Sciences.* "The paper of Dr. Pallen is not such a one as we should have expected to find among the transactions of a body which, like the American Medical Association, professes to represent the talent, and to wield the influence of the medical profession of our country for the elevation of the character and for the enlargement of the attainments of its members. The paper under consideration cannot present the slightest claim to originality. It is simply a compilation of the leading facts and deductions furnished by standard authorities on the subjects treated of, not, upon the whole, very well arranged, nor couched, always, in the most accurate language. It contains no important facts drawn from the personal observations of the author; nothing, in fact, which is not far better set forth in the leading authoritative works on ophthalmology, with which our libraries are so abundantly supplied. Dr. Pallen proposes, he tells us, to complete, in a future communication, the history of the several defects of vision not yet treated of by him. If the promised communication is to be of the same character as the one under consideration, we trust that it may not be ordered for publication. It is high time that the printed transactions of our national medical congress should be protected from the insertion of mere compilations on any subject—of communications destitute of originality in respect to the facts they comprise, or to the deductions which the author bases on such facts."

This we must certainly endorse, and would call the attention of those having charge of the next publication, to it.

Now as to the prize essay on the ophthalmoscope. It occupies seventy pages of the Transactions. The first *half* of this is not at all concerned with the ophthalmoscope, and for that reason we pass it over. We cannot, however, forbear mentioning that the engraving, fig. 5, p. 881, representing a section of the human eye, is most unpardonably incorrect, and illustrates an equally unpardonable misstatement, namely: "The faculty of the eye to accommodate itself to distances is physically owing to the displacement of the crystalline lens through the action of the ciliary muscle (tensor ciliaris), and the erectile tissue of the ciliary processes." Should this meet the eye of Helmholz or Donders, as in a prize essay of the American Medical Association in 1858, they might well say of their labors, "*cui bono*."

The theory and optics of the ophthalmoscope are passed over altogether too cursorily; and certainly one unacquainted with the subject could not agree with the author that "the *modus operandi* of this *eye*-speculum is readily understood by referring to the annexed figure," figure 8, p. 900. There is no explanation or indication of the two different methods of examination with the "upright" and the "inverted image." The author says he "prefers and uses Desmarres's instrument, on account of its simplicity." That is, he ememploys the "inverted image," and seems to be practically unacquainted with those instruments best intended for the "upright image," for he says, "Jäger's ophthalmoscope is said by many to be the most complete yet devised, but its complications are such that when Desmarres's can possibly be used it is by far the more preferable." We pass over the compiled account of the normal and pathological ophthalmoscopic appearances, and come to the representations of the same contained in eleven colored figures, of which the *American Medical Journal* reviewer says: "Perhaps, since there are no marks of original investigation, no statistics, no records of observation or experiment, nothing, in short, but the literary and critical, if not practical, merit which should characterize every paper admitted into the published *Transactions,* the hearts of our respected umpires were won, or their own visions confused, by the imposing array of illustrations which are appended to this essay. Here, however, the committee is again unfortunate, inasmuch as the pictures, although excellent in themselves, are nearly all 'verified and colored' copies from Jäger, and present faces which had already become familiar to the student as well as the practitioner in many parts of the United States, to say nothing of British and continental readers."

Now all but *three* of these figures are taken from Prof. Ed. von Jäger's pamphlet, entitled "Staar und Staaroperationen," Vienna, 1854. Von Jäger's are simply coarse engravings, *not colored*, and only intended to give the outlines of the nerve entrance, vessels, &c. Prof. Jäger expressed regret that they were ever published. He afterwards, in 1855, published his magnificent colored engravings, entitled "Beiträge zur Pathologie des Auges." It was from these Mr. Hulke copied some of his beautiful plates. We cannot understand why Dr. Pallen did not do the same. His outlines are moderately accurate, although not *carefully* copied from Prof. Jäger's. The *coloring* of these plates, however, we cannot possibly comprehend. It is original with the author, who says: "It should be borne in mind that none of the figures are colored by Jäger, and the writer reproduces them almost as an entire series. Also it should be remembered that the coloring has not been altogether in accordance with Jäger's descriptions." Will Dr. Pallen pretend to say that he ever saw such as appears in the Transactions, in the human eye? Did the prize committee? How could the publishing committee allow such plates to be placed in the Transactions, if they had ever seen the bottom of the human eye through the ophthalmoscope? Fig. 1 is a "normal eye as presented through Desmarres's ophthalmoscope. The subject from whom the figure was drawn is a brunette of a marked type." On page 906, speaking of the choroidal pigment, the author says: "And so it varies in blonde and brunette; the one having blue eyes, fair hair and complexion, has less pigmentum; the other, with a flashing eye, sparkling like the meteor of an August night, with hair as the raven's wing, and face as the olive's hue, possesses a choroid strongly charged with pigmentum." We must still think this would not account for the extraordinary coloring of figure 1.

Fig. 2 is from Jäger. Dr. Pallen says: "The spot whence spring the artery and vein is covered by an exudation plasma." Jäger states nothing of this kind; in fact, the appearance is simply caused by the mode of entrance of the vessels.

Fig. 3 from Jäger, who only stated what he saw. Dr. Pallen adds most original coloring and explanation.

Fig. 4 from Jäger, who says the retina appeared darker red than usual. There is certainly no indication of it in this plate.

Fig. 5 from Jäger. The color is wrongly placed. The pigment round the optic nerve entrance is familiar and normal, and has no such meaning as is attributed to it. Figs. 6, 7, 8, are also from Jäger, with most original coloring.

Fig. 9 from Jäger. This, in the original, is a case of glaucoma, with bluish tinge and "cupping" of the optic nerve. "The writer gives the figure, and *colors* it to represent as nearly as possible the appearance of the *fundus of the membrane of envelope surrounding a cysticercus of the papilla.*" A good deal has been done with color, but hardly this. Moreover, Dr. Pallen says he saw a case in Graefe's clinique at Berlin. In the first volume, first part of Graefe's *Archiv für Ophthalmologie,* cases are reported of cysticercus on the retina and two excellent colored prints of the appearance of the worm as seen through the ophthalmoscope. In the second part, also, of the same volume, is a case reported by Dr. Liebreich of a cysticercus on the retina, and a good colored print of the worm as seen through the ophthalmoscope. These were published in 1855. Why could not Dr. Pallen have copied from *them?* Any one perfectly acquainted with the subject would, upon comparison, be at once struck with the extraordinary want of truthfulness of the author's representation.

Finally, we are afraid "Albumen in the Urine" would never be diagnosticated from Fig. 10, or "Hyperæmia papillæ et retinæ" from Fig. 11. Jäger's rough sketches are made with the "erect image"; this Dr. Pallen does not mention, and, in fact, nowhere seems to recognize the difference or existence of the two methods.

It is in no spirit of unkindness that we have written the above. There is certainly great blame resting somewhere, that our Association should be subjected to the remarks and the opinions which the publication of such an essay and such plates have called forth. We hope a similar circumstance will not occur again, and we have spoken of it so fully and in such terms because it was the first lengthy piece on this subject that has appeared in our country, and was accompanied with attempts at exhibiting ophthalmoscopic appearances. Some apology we also felt was due our medical friends and brethren on the other side of the Atlantic, who have been thus unfortunately misrepresented and ignored.

*March* 31*st*, 1862.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 24th.—*Foramen through the Olecranon Fossa of the North American Indians.*—Dr. JACKSON showed one humerus and parts of four others, in four of which five specimens there existed a large foramen. They were sent to Dr. H. G. Clark by Dr. P. A. O'Connell, his former pupil and now a Surgeon in the U. S. Army. While the regiment to which Dr. O'C. was attached was encamped, last June, upon Long Island, in Boston harbor, the bones, which, it may be taken for granted, were of Indian origin, were disinterred; and the following account of them was sent to Dr. C. by Dr. O'C.:—

"They were discovered by some of the men, while digging a trench about ten feet from the edge of the bank which overhangs the seashore, fronting towards Fort Warren. The remains of eight or ten persons were found within an area of not more than eight feet by eight; and an extension of the excavations might perhaps show the existence of others. Those that were uncovered lay but little more than one foot beneath the surface of the earth. Broken clam-shells were found in abundance in the earth which covered them, which itself was a black and good soil, while just beneath them the soil was clayey. No vestiges of clothing, no trinkets, nor anything else of the kind which might point directly to their origin, were discovered; but they appeared to have been laid out in two rows. Those which, from their general appearance, I concluded to be the skeletons of males, lay upon their backs, the head turned to one side and resting on one hand, while the other arm lay across the breast, the hand resting upon the opposite shoulder. The legs were drawn up, upon the abdomen. The female skeletons, as I supposed them to be, lay altogether upon their sides; heads towards the west, facing the South; and knees drawn up as in the others. In one instance the bones of an infant, apparently but a few months old, were found lying upon the breast of one of the larger skeletons."

In a note recently received from Dr. O'C. he says:—

"At the time of the discovery of these remains I examined the humeri with especial reference to the point about which you inquire, and of the eight or ten specimens which I examined there was but one, I believe, in which the olecranon fossa was imperforate. That one was preserved and sent with the others merely because it was exceptional."

Dr. J. then showed the two humeri of a Flat-head Indian, from the Northwest Coast, in which the fossa was largely perforated; and he referred to a collection of Indian bones, from the state of Maine, in which, of three humeri, one is perforated. Both of these specimens are in the Cabinet of the Medical College.

Dr. J. said that about twenty-five years ago Dr. Charles T. Jackson noticed the perforation of the olecranon fossa in an Indian skeleton that was dug up in the immediate vicinity of Boston, and, some years afterwards, in another from the State of Maine; and these facts having been made public at the time by him, have since been well known here.

Dr. JEFFRIES WYMAN said that long after Dr. C. T. J.'s observation, several Indian skeletons were dug up in this vicinity, and in the same township in which Dr. J.'s specimen was found; and in some of them the fossa was perforated. He also stated that in the year 1853 he examined, at the Garden of Plants, in Paris, the skeletons of seven full-blooded negroes, and of the fourteen humeri the fossa was perforated in seven; in three individuals the perforation existed in both humeri, and in one it was upon one side only. Dr. W. said that no comment was made upon the fact; and that Professor Owen, to whom he subsequently mentioned it, seemed not to have had his attention directed to it.

MARCH 10th.—*Horn growing from the Chin.*—Dr. H. J. BIGELOW showed the specimen, which was removed from a patient by Dr. Clark, and gave the following description of it.

The growth is a blunt cone, two inches long, by an inch and a half at the base, and split into two parts, with a third smaller division at the root. It is roughly striated, lengthwise, hard at the point, and softer at its insertion, emitting also the fœtor of epidermic secretion.

On section, a limited, epidermic, columnar structure is seen sprouting from a dense fibrous tissue beneath the base. The structure is irregular, and broken at intervals, but is harder and drier as it approaches the surface and summit. Microscopically, the whole is a mass of epidermic scales and nuclei, originally arranged in papillary form, of the probable growth of which the following will give an idea. A central body of nuclei in each papilla grows out from the skin, its top and sides developed into concentric scales, by which it is, as it were, shingled and slated. This outer layer is raised by another beneath, which in its turn is elevated by a third, so that the section of a papilla resembles a pile of inverted cups, of which the centre is occupied by nuclei and the sides by more developed scales.

Drying as it grows, the hardened extremity of this so-called "horn" consists almost wholly of epidermic plates, while the interior of its soft base is filled with papillary growth containing nuclei. At the line of insertion of the whole mass nuclei are abundant, entangled in fibrous tissue. This epidermic structure has some affinity to that of horn, but in its papillæ and columnar arrangement more resembles epithelioid cancer, without the globes characteristic of that growth.

MARCH 24th.—*Cancer of the Duodenum.*—Dr. ELLIS showed the specimen, which came from a woman who was under the care of Drs. Shattuck and Gould, at the Hospital. She was 23 years old, and had suffered at times for some years from difficult digestion, which had been constant for the last six or seven months. During the last four months she has had a gnawing pain at the epigastrium, extending to the back, with abdominal fulness. Appetite moderate; neither vomiting nor acidity after taking food. Her countenance was anæmic, there was marked emaciation, and she was so weak as to be confined to bed. No fever. Fulness and resonance of the abdomen, but no tumor to be felt. Three days after her entrance into the hospital she began to have vomiting of food and liquids, which continued, with intervals when she would retain some food for a day or two at a time without vomiting. There was constant epigastric pain and fulness Jaundice quite marked on the second of March, with a pulse of 120. March 9th, the pulse was 140. She died March 19th, having had fainting turns during the last twenty-four hours. From March 11th to 16th there was diarrhœa; one or two discharges, which were seen, were loose and of natural color.

The liver was rather lighter colored than usual. The hepatic duct and its primary branches were much dilated and filled with bile; the former, at its bifurcation, was an inch in circumference, but contracted rather abruptly two and a half inches from this point, where it was completely surrounded by a firm, whitish, encephaloid mass, through which it extended to the intestine. A small probe only could be passed through this portion, the lining membrane of which was pale, while that of the distended part was discolored by the bile. Firm adhesions existed between the duodenum and the liver in the region of the gall-bladder, the latter being entirely concealed.

The duodenum, above the orifice of the ductus communis, was occupied by a moderately firm, light-yellow formation, which involved the entire circumference of the intestine, and extended upward about four inches, terminating in a projecting fold which resembled the pylorus, but which may have resulted from the elevation of the membrane by the disease below. This new growth occupied the sub-mucous cellular tissue, the muscular coat being distinctly seen beneath it, apparently thickened. The affected portion of the intestine was dilated into a cavity, with walls half an inch to an inch in thickness, and from one point an additional mass projected, previously described in connection with the closure of the duct. Extensive destruction of the tissues had taken place where the intestine adhered to the liver, a large part of the base of the ulcer being formed by the wall of the gall-bladder or the adjacent structures. The gall-bladder was empty. Allowing that the disease was confined to the duodenum, the stomach was perfectly healthy. It contained a considerable quantity of dark olive-colored liquid.

Many portions of the small intestines and of the cœcum were similarly affected, the walls being much thickened and infiltrated with the same peculiar material. The mesenteric glands were much enlarged, soft, white, and filled with a milky fluid.

The prominent microscopic elements of the disease consisted of granular corpuscles, somewhat larger than those of pus, and mostly without distinct nucleoli. In some, however, large nucleoli were seen.

March 24th.—*Aneurism of the Left Subclavian Artery, opening into the Œsophagus.*—In Dr. Oliver's absence, Dr. Coale related the case and exhibited the specimen. It was taken from a ship captain, aged 58. For two years he had had aphonia and difficulty of swallowing. Of late he had frequent dizzy spells. Two weeks before his death, he was taken up from the sidewalk, where he had fallen insensible, about a pint of blood gushing from his mouth. Dr. Oliver saw him the next morning. He was pale and feeble ; there was a bellows murmur behind the left clavicle, and decided dulness over the left chest, in front. Two weeks after this he got up, but felt badly, returned to his bed, lay on his right side, but suddenly rolled over, partly on his face, and was dead.

The examination showed the lungs perfectly healthy, with some few slight, and very old attachments. One of the mitral valves had a small ossific deposit upon it. The heart was otherwise healthy. The left subclavian artery presented an aneurism the size of an English walnut, filled with coagula and fibrin, and communicating with the œsophagus by a hole three lines in diameter, filled by a valve clot. The carotid on the same side was nearly obliterated.

March 24th.—*Rupture of the Umbilical Cord without Hæmorrhage.*—Dr. C. E. Ware had been called to see a servant girl who was suddenly taken in labor. The patient lay on the edge of the bed, the nates projecting, and the child having been suddenly expelled, fell to the floor, breaking off the cord at about an inch from the navel. When Dr. Ware arrived he found the child doing well, and no hæmorrhage from either end of the cord.

Vital Statistics of Scotland.—15,022 deaths were registered in Scotland during the last quarter of 1861, being in the proportion of 196 deaths in every ten thousand persons of the population. This is below the death-rate in England for the same quarter, which was in the proportion of 206 deaths in every ten thousand persons. The births amounted to 26,265 during the quarter, and 6436 marriages were registered.

# Army Medical Intelligence.

## Gunshot Wound of the Arm.

[Communicated for the Boston Medical and Surgical Journal.]

*Academy Hospital, Newbern, N. C., March* 31, 1862.

Messrs. Editors,—I have been proposing to send you some account of the many interesting surgical cases under my charge at the Academy Hospital, but have not yet found time to arrange and classify them so that they shall be satisfactory to either your readers or myself. Meanwhile I am tempted to give you a single case.

A. B. L., 51st N. Y., was shot through the right arm at the upper third, in the battle of the 14th, by a Minié ball; one opening half an inch below the posterior commissure of the axilla, the other an inch lower on opposite side. Bone badly comminuted. He was brought in on the 19th. On the 24th, amputation was done by Dr. Otis, of the Mass. 27th. Circular operation at the surgical neck of the humerus. Patient lost little blood, the circulation being perfectly controlled by the handle of a key upon the subclavian at first rib. Six or eight hours after operation, Dr. Stone, of the Mass. 23d, being in the ward, heard him cry that he was bleeding. He instantly seized the axilla, and sent for help. I was soon there, and we secured the brachial, from which the ligature had slipped, and got another securely round the vessel. The hæmorrhage had, however, been great, and the prostration was somewhat alarming. Day before yesterday (the 29th), the artery gave way again. The nurse, being taught by the former accident, held the axilla, and partially controlled the bleeding till assistance came. I opened the stump and divided the flap for the space of an inch and a half, to lay it fairly open. The brachial artery was exposed, but its tissue was such that I had no confidence in the security of any ligature put upon it, and, as the only chance of saving the young man's life, I determined to secure the subclavian at the outer third. This I successfully did, using the knife but little, after the first incisions, and the knife handle and director a good deal. The bleeding from the operation was trifling, and the patient is now in really a promising condition. Pulse 110. Good appetite and cheerful spirits.

I think it will be apparent that the arterial tissue was disorganized at the time of the first operation, as a consequence of the inflammation following the injury, and my own impression is, that if the amputation had been done on the day of the battle it would have been perfectly successful.

I should add that in the above operation, as well as in the general care of the hospital, I have had the able assistance of Dr. Clark, of Whitinsville, Mass., and of Dr. Newton, Assistant Surgeon of the 18th Connecticut. Faithfully yours, George Derby,

*Surg. Mass. 23d Reg't.*

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*To the Surgeon General.* Newbern, March 28th, 1862.

Dear Sir,—I have the honor to enclose a list of the casualties in the 27th Mass. Regiment at the engagement before Newbern on the 14th inst.

To give an account of my stewardship latterly, I would premise that I landed at Slocum's Creek on the morning of the 13th with the first boat-load from our regiment, and that, having waded ashore, I marched at the rear to the point where we bivouacked on that frightful night, in the pouring rain. Our regiment, suffering terribly from long confinement on shipboard (I shall expatiate in another letter on the various causes which have impaired its efficiency), turned out only 550 men. The 21st had but 500; the 25th, 700; the 24th mustered full ranks. But although the two latter had enjoyed the privilege of a month ashore at Roanoke Island, and constant practice in drill and march, while our poor fellows were cribbed and cabined three days after Roanoke was taken, the stragglers were fewer from ours than from either of the corps in advance of it. Only five men declared their utter inability to keep up with the weary march, while the stragglers of the 25th and 24th were numbered by scores.

In the morning, about six, the few who could sleep were aroused by a prolonged fusillade, which proved to be the report of the guns of the enemy's infantry, discharged and re-loaded to make sure of their effectiveness. We were presently on the march, and soon came in sight of the long line of entrenchments. The second brigade in advance had diverged to the left by the railway. The first brigade moved up the main country road. The leading regiment, the 24th, on reaching the space cleared to afford a range for the artillery of the enemy, filed to the right and formed line of battle in the edge of the wood. The 25th were ordered to the right of the 24th, to attack the extreme left of the enemy's line, but they did not persevere in that movement. After the 25th came several howitzers, which were put in position where the road entered upon the opening. The 27th was directed to form to the left of the howitzers; the 23d to the left of the 27th. The 10th Connecticut was held in reserve. The regiments on the right had been directed to reserve their fire till the artillery were in position. *The 27th opened fire,* quickly followed by the howitzers, and by the 23d, as quickly as that regiment got into position, extending the line of the 27th to the left. About seventy-five yards in rear of the howitzers a lane led off at right angles from the road to the right towards a farm house, two hundred yards distant, known as Harrison's house. On the lane, midway between the road and farm house, was a cluster of negro quarters.

As I passed up the road, my orderly pointed to the farm house where a red flag was floating, and said, "Sir, the doctors are collecting there." I afterwards learned that Dr. Church (Med. Director) and Drs. Green and Curtis of the 24th, had occupied this house, which was about two hundred yards in rear of the line of the 24th, but that a shell had exploded in the yard, whereupon the Medical Director had ordered these medical officers to fall back and establish an ambulance station in the woods, a half mile further to the rear. I replied to the orderly that we would get nearer, and kept on till we came to the guns in position at the head of the road, where my hospital men halted, a rod in rear of the line of battle. I had barely time to call to them that their position near the battery, which would doubtless draw the enemy's fire, was too dangerous, when our Colonel gave the word to open fire. We hurried over towards the left wing of our regiment; but had hardly passed the centre, when the enemy's fire had become so heavy that most of the men began to throw themselves on their faces at each discharge of grape, which was poured in at a distance of two hundred and seventy-five yards, from a battery of six twelve-pounders, served with great rapidity and accuracy. The stretcherbearers, however, came up cheerfully when the first man dropped, a little fellow from Amherst, a true Massachusetts boy (John E. Cushman by name), whose left arm was shattered by grape. He was carried a little way to the rear and across the road, when I stopped to perform the operation. But we found the fire here hotter than at the front, and one of the attendants was presently wounded in the shoulder by a fragment of shell; so he was taken up and carried a hundred yards further, to the cluster of shanties I have mentioned. I amputated at the surgical neck of the humerus as rapidly as I could, the shanty being struck more than once during the operation. I should perhaps have considered the propriety of moving farther off, had not the wounded begun to throng the house almost before the first operation was finished, and thus to claim instant attention. I next removed Lieut. Warner's leg, and was engaged in this operation, and had sent my assistant, Dr. Camp, to see if the farm house was occupied, when Dr. Derby came in with Capt. Sawyer, whose thigh he had just amputated in the wood, close in rear of the line of the 23d. It was agreed that he should go on to the farm house, where the wounded were now thronging. Meanwhile Dr. Camp and Dr. Lathrop, of the 8th Conn., assisted me for a short time by attending to the minor injuries of the men outside. The severest cases were taken into the three shanties or were carried on to the farm house, where Dr. Derby was soon assisted by Drs Rice, Batchelder, Upham and Stone, or to the rear, where Drs. Thompson, Green and Curtis were busily engaged. My friend Dr. Lathrop, however, soon had to leave to seek his regiment, which had moved from the reserve to the left, and Dr. Camp went off, either to the farm house or to the field, and I was left alone. I did nearly all my operations with the assistance of hospital steward Fuller, who showed great firmness, though he had never before witnessed operative procedures or been under fire. When the shanty in which I operated had been several times hit by canister, or musket balls, I asked that some one should hoist on it an hospital flag. This was a dangerous duty; for the large shells thrown by the fleet were continually passing over the house, though at a considerable elevation, on their way towards the enemy's battery. My orderly, Oscar Calkins, of Springfield, volunteered to do this service. A musket ball subsequently passed through the flag.

Sixty-four wounded of the 27th, 23d and 25th Mass., 4th R I., 11th Conn., and naval brigade (which manned the howitzers), were treated at my hospital station. Thirty-one of those that had undergone operations, or were too severely wounded to be moved further, remained there. Besides the operations noticed in my list of our own regiment, I did one amputation near the shoulder for Geo. Jones, of the 11th Conn., from Oakdale, Mass.; an amputation of the arm for a man of the 25th Mass.; an amputation of the arm for a man of the 51st N.Y.; an amputation of the fore-arm for a private of the 4th Rhode Island. I extracted, or cut out, two grape and three musket balls, and tied the radial artery for a wound above the wrist. There was one case in which amputation at the hip-joint might have been practised—the case of James Sullivan, of Co. G, whose thigh was shockingly mangled by solid shot—but the surgeons of the first brigade are convinced that it is wisest not to attempt this procedure. Another patient, a prisoner, was brought to me, and subsequently passed through Dr. Derby's hands into those of Dr. West, a Confederate surgeon, a ball having passed through the penis and then fracturing the femur near the trochanter. We all refrained from interference, and the man still survives (14 days). Another case, in which I declined to amputate the thigh for a musket ball lodged in the outer condyle of the femur, is doing well; the patient, Frank Gatlin, æt. 16, rode one of the artillery horses of the enemy. One of our men with compound fracture of the forearm, and one with compound fracture of the tibia, have done well without operative interference. I was more doubtful about a man of the 11th Conn., I think, who had fracture of the forearm, with probable lesion of the ulnar artery, but I understand that he has done well. One of my patients, Gorman, of the 11th Conn., has died since we came to Newbern, of tetanus; it is the only instance I have heard of in this division. A flap of skin, eight inches square, was torn from the middle of his chest, making a demonstration of the interdigitations of the pectorals, recti and serrati, as clear and beautiful as a plate of Bougery. My man, whose thigh was amputated, had severe injuries elsewhere, and survived but a short time. All my other operations have been fortunate. Including those done for members of other regiments, they sum up as follows:—

Amputations of thigh, 1; of leg, 2; of arm, 4; of forearm, 1. Total major amputations, 8. Amputations of fingers or portions of hand, 3; ball extractions, 5. One of my most interesting cases is that of P. Sweeny, of Co. C, who probably has a conical ball in the head of the right humerus. After being hit, he walked down the road to an hospital station nearly two miles in the rear, where a cold water dressing was applied, and the arm placed in a sling. The next day he walked back to my hospital at the field. This developed excessive irritative action, and though I was anxious to attempt excision of the head of the bone, I listened to my better judgment and to Dr. Derby's wise counsel, and waited. When we moved the severely wounded to Newbern, four days afterwards, Sweeney bore the journey ill, and he is still in a condition in which Dr. Derby and I consider any operation inexpedient.

The severely wounded of the first brigade were brought to Newbern on a steamer, which ran aground, and Derby and I were left in charge of 71 wounded, including 21 stumps of limbs, for the weariest night I almost ever spent. Dr. Upham had organized a general hospital and Dr. Kneeland another, and here the wounded were consigned. Derby was put in charge of one, and I was detailed to the other; but the immense number of cases of sickness in my regiment, compelled me to insist on being relieved. I am now in charge of our regimental hospital, which contains, alas! 67 beds. The regiment is encamped on the outskirts of the town. I occupy four pleasant cottages for my hospital; roses and hyacinths bloom around them, and the pure air is rapidly doing its beneficial work on the inmates.

Dr. Green is a little way beyond me, in a stately brick edifice. Dr. Derby, who does everything well, who did eleven capital operations, is at the general hospital hard by. He will doubtless tell you all about the interesting cases which surround us in crowds.

With much respect, Your very ob't serv't, GEO. A. OTIS,
*Surg. 27th Reg't Mass. Vols.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 17, 1862.

In our remarks upon Hospitals we have already spoken of the division into separate pavilions, each as far as possible independent in itself, as conducive to the greatest efficiency. We would further remark that the wards into which each hospital is divided should not be too large. Indeed, for most cases, they might be made much smaller than they are. Dr. Green allots twenty-eight beds to each ward; this we would prefer altered to twenty. And there is a further improvement in the plan of the ward, which is among the very few things that Dr. G. has overlooked in his admirable Essay—that is, cutting each ward up into alcoves by partitions built out from the walls towards the middle of the room. The advantage of this plan is very great, and we should suppose it to be obvious; and yet there is but one hospital in which we know of its adoption, but our experience as to its operation in that institution prompts us the more strongly to urge its adoption in others. The particular hospital in which we have seen its manifold and admirable effects is the Naval Hospital at Portsmouth, Virginia. It is built in the form of a hollow square. The front is appropriated to the various officers—the surgeon and assistant surgeon's apartments, the dining room, reception room, and the night officer's sick room, &c. The two sides of the square afford spacious wards on two floors, each accommodating sixty-four men—in all, two hundred and fifty-six; besides, in the basement, the necessary kitchen, dining rooms, &c.; while the fourth side is given to the privies, bathroom, &c., placed in the middle of the side and connected with the other building by a corridor of lattice-work, which enables the wind to sweep into the inner court freely. The hospital, on the whole, when considered with reference to some other details not necessary here, is admirably adapted for that climate and locality. But the point to which we wish particularly to allude, is the arrangement of the great wards of sixty. These, instead of each being left in one large parallelogram, are divided by partitions running from the outer walls towards the middle of the ward, but still leaving a passage-way eight feet clear along the middle. There are eight of these alcoves on each side, each accommodating four beds. The effect of this arrangement is admirable in the extreme, in permitting the classification of patients into groups of four or of eight; for while each alcove may be turned into a separate room by a curtain drawn across it, two may, in the same way, be made a special ward of eight patients. Then, again, it has not the disadvantage of separate rooms, but the medical officer, on his inspection, walking down through the middle passage, can at one glance sufficiently scrutinize the condition of each alcove. Then if a patient is moribund, or is affected with any peculiarly loathsome disease, there is generally one empty alcove into which he can be moved, thus sparing his fellow invalids the painful sight of his sufferings. Besides all this, the moral influence of this grouping—and we must add, of course, the physical, as arising from this moral influence—is very beneficial Put fifty men into a ward together, and the chance is, that brought into no particular companionship with any one, they become selfish, or at least their sympathies do not expand and diffuse themselves among their forty-nine fellow sufferers.

TRANSMISSIBILITY OF SYPHILIS BY VACCINATION.—Two lectures upon this important subject were recently delivered at the Hotel Dieu by M. Ricord, from which it would appear that he is inclined to doubt the possibility of syphilitic inoculation by this channel. He thus concludes his remarks upon this subject:—

> In considering the present condition of the question, it appears impossible to arrive at absolute conclusions. Anticipating the development of new facts which may prove of immense importance in this question, we are in no hurry to rush to a conclusion; we rather desire to wait and examine the matter impartially. The question which is about to be raised is one of vast importance, for if it be true that vaccination can transmit syphilis, then vaccination is done for. For who, pray, will run the risk of being affected with the *great* to escape the *small* pox? On whom will you place your dependence to establish the purity of the vaccine lymph? On the morality of the parents? But when you have most minutely examined the father and mother, when you have found them perfectly healthy, how can you be certain that the vaccine lymph obtained from their children is not infected? A stranger might come into the household. Assurances of morality will not suffice in science. Have you any better guarantee in the appearance of the pustules? Certainly not; for the partisans of contagion declare that the pustules may be as good and regular as in the normal condition. Does their duration afford any criterion? What possible difference can a day more or less make? The pustule is infecting, or it is not. But do you not avoid all risk in taking the purulent fluid of the pustule and avoiding any admixture with blood? Unfortunately, contagionists are far from being at one as to what part of the vaccine fluid is the source of contagion. Some believe it to be the pus, others the blood, some esteem both equally contagious. Will you be guided by the age of the infant, and avoid taking lymph from any child till it is beyond the age for the development of hereditary syphilis? We know very well, however, that if syphilis usually occurs in infants within the first few weeks after birth, there are plenty of exceptions to the rule. There are undoubtedly cases in which the manifestations of the symptoms is delayed for several months or even years after birth. Where, then, if age is to be a criterion, will you place your limit?
>
> In the impossibility which in such circumstances would exist of being able definitely to say that we possess good vaccine lymph, nothing could remain for us but henceforth to give up vaccination; but, before renouncing the benefits which the immortal discovery of Jenner has conferred on us, let us calmly and coolly reflect on the facts which spread themselves before us: let us examine them without the bias of preconceived ideas, so as to arrive some day at an impartial conclusion. But to-day, and with it I must say good-bye to you, the only answer which can be given to the question, "Can vaccination transmit syphilis?" which has been proposed for consideration, is a very large mark of interrogation.

In connection with the general subject of the transmissibility of secondary syphilis, and the various modes by which it is occasionally communicated, we quote the following from "Winthrop's Diary." This question was not, it seems, without interest in the early days of our colony, when our pious forefathers were yet strangers in the land. Governor Winthrop thus describes a loathsome disease which "fell out" in Boston, in 1646, and raised a scandal upon the town and country:—

> "One of the town having gone cooper in a ship into ———, at his return his wife was infected with lues venerea, which appeared thus: Being delivered of a child, and nothing then appearing; but the midwife, a skilful woman, finding her body as sound as any other: after her delivery she had a sore breast, whereupon divers neighbours resorting to her, some of them drew her breast, and others suf-

fered their children to draw her, and others let her child suck them, (no such disease being suspected by any) by occasion whereof about sixteen persons, men, women and children were infected, whereby it came at length to be discovered by such in the town as had skill in physick and surgery; but there was not any in the country who had been practiced in that cure. But (see the good providence of God) at that very season, there came by accident a young surgeon out of the West Indies who had had experience of the right way of the cure of that disease. He took them in hand, and through the Lord's blessing recovered them all in a short time. And it was observed that although many did eat, drink and lodge in bed with those who were infected and had sores, etc., yet none took it of them but by copulation or sucking. It was very doubtful how this disease came at first. The magistrates examined the husband and the wife, but could find no dishonesty in either, nor any probable occasion how they should take it by any other (and the husband was found to be free of it). So it was concluded by some that the woman was infected by the mixture of so many spirits of men and women as drew her breast, (for thence it began.) But this is a question to be decided by physicians."

HEALTH OF THE ARMY.—A Washington Correspondent thus alludes to this subject:—"The army surgeons have at last begun to contradict the false statements about the health of the troops now in the field. It is not long since the Rev. Dr. Bellows, in a speech on "Sanitary Science," before the New York Historical Society, declared that we buried seventy-five soldiers a day from disease, and five hundred weekly; and Mr. Wendell Phillips said in one of his recent lectures at the Smithsonian, that we buried two thousand soldiers a month on the Potomac from disease. Such statements, if true, would excite alarm; and coming from gentlemen of such high positions, the Surgeon General's Department has felt called upon to publish the statistics from two hundred and fifty-seven regiments, which number two hundred and fifty-seven thousand men, and from twenty-one general hospitals, viz.:—

| Quarters. | Regulars. | Volunteers. | Total. |
|---|---|---|---|
| Ending March 31, 1861 | 28 | | 28 |
| " June 30, 1861 | 33 | 46 | 79 |
| " Sept. 30, 1861 | 56 | 749 | 805 |
| " Dec. 31, 1861 | 108 | 2970 | 3078 |
| Grand total | 225 | 3765 | 3990 |

One hundred of these deaths were from wounds."

The *National Republican*, in publishing these returns, says:—"Private benevolence has done much towards providing the soldiers with jellies and other little comforts, but the credit of their extraordinary freedom from epidemic disease, and their successful medical treatment, belong to the medical department of the army, who have been misrepresented and vilified to an almost incredible extent. The department may challenge the history of all armies to produce statistics showing less deaths from disease than the army of the United States, composed as it is of men who have rushed to the exposures of camp life from comfortable firesides."

SURGEONS FOR THE SEAT OF WAR.—Drs. Cabot, Gay, Hodges, Homans and Parks, of Boston, Dr. Hartwell, of Southbridge, and Dr. Henry Clarke, of Worcester, have been specially detailed by order of the Commission in charge of the surgical assistance of the Massachusetts regiments in the Army of the Potomac, and have been ordered to report to Surgeon Cuyler, Medical Director, Fortress Monroe.

Dr. W. G. Breck, of Springfield, has also been specially detailed to the Army of the West, and ordered to report to Col. Everett Peabody, 25th Missouri Volunteers.

Surgeon-General Finley, of the United States Army, has been relieved of duty by the Secretary of War, and ordered to Boston to await further orders. Surgeon R. C. Wood has been selected to fill the important post thus vacated.

We publish this week two interesting letters from Drs. Derby and Otis, which show that our medical officers are not idle. Dr Derby, it will be remembered, distinguished himself for his heroic behavior in the battle of Newbern performing several important operations while directly exposed to the fire of the enemy's guns, and on every occasion having shown himself a brave and most efficient officer. Dr. Otis, as will be seen by his letter, was also in the field on that eventful day, and did his part in earning for our Massachusetts surgeons the honor and renown that skill and humanity on the battle field are always sure to win.

Dr. R. H Salter, Surgeon of the 1st Mass. Regiment, who was assigned to the charge of the division hospital on the Lower Potomac, has been relieved at his own request, and has rejoined his regiment in the field.

American Medical Association—Annual Meeting.—We the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country, accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further *postponed* until the first Tuesday in June, 1863.

*Chicago, April 5th*, 1862.

N. S. Davis, J. Bloodgood,
J. W. Freer, D. Laskie Miller,
H. H. Jones, E. Andrews,
Thos. Bevan, *Committee.*

Medical journals throughout the country are requested to publish the above.

## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, April 12th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . . | 39 | 41 | 80 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 36.8 | 37 8 | 74 6 |
| Average corrected to increased population, . . . . . . . | .. | .. | 83.29 |
| Deaths of persons above 90, . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 16 | 0 | 2 | 7 | 10 | 2 | 0 | 1 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College —For the week ending March 29th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . . | 29.601 | Highest point of Thermometer, . . . | 46 0 |
| Highest point of Barometer, . . . | 30 044 | Lowest point of Thermometer, . . | 26 0 |
| Lowest point of Barometer, . . . . | 29 352 | General direction of Wind, . . . | |
| Mean Temperature, . . . . . | 32 8 | Am't of Rain (inches), . . . . . | .5 |

Correction.—By a singular inadvertence, an error crept into our pages this week, which was not discovered until too late for correction; for "hæmaralopia," should be read *hemeralopia.*

Pamphlets Received.—A Fracture Apparatus, by Joseph H. Vedder, M.D., of Flushing, L. I. (From the Author.)

Deaths in Boston for the week ending Saturday noon, April 12th, 80 Males. 39—Females. 41.—Aneurism (of the aorta), 1—bronchitis, 2—consumption, 16—convulsions, 1—croup, 2—cystitis, 1—debility, 1—delirium tremens, 1—dropsy, 3—dropsy of the brain, 5—scarlet fever, 7—typhoid fever, 1—hæmoptysis, 1—disease of the heart, 2—hernia (strangulated), 1—infantile disease, 3—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 10—marasmus, 2—measles, 4—old age, 3—paralysis, 1—scirrhus (of the intestines), 1—smallpox, 2—spina bifida, 1—tabes mesenterica, 1—teething, 1—trismus nascentium, 1—unknown, 2—whooping cough, 1.

Under 5 years of age, 38—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 11. Born in the United States, 55—Ireland, 19—other places, 6.

THE

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# THE DIFFERENT MODES OF TREATING DISEASE, OR THE DIFFERENT ACTION OF MEDICINE ON THE SYSTEM IN AN ABNORMAL STATE.

By John P. Spooner, M.D., Dorchester.

[Communicated for the Boston Medical and Surgical Journal.]

It is generally admitted that while great advance has been made in Pathology during the present century, a corresponding improvement has not been made in Therapeutics. Some valuable articles have been added to the materia medica; the constituents of several medicines, and the physiological effects of many more, have been ascertained. In the use of medicine, the knowledge attained has been negative; that is, physicians have ascertained what medicine cannot do, rather than what it can do. The principles to guide the physician in the administration of medicine have undergone no material change since the days of Cullen. From the time of Hippocrates to the close of the 17th century, the human system was regarded as a hydraulic machine, or as a chemical laboratory, governed by mechanical or chemical laws. Disease consisted in certain changes in the blood, and the design of medicine was to restore the blood to a healthy state.

Stahl effected a great change in the science of medicine, by directing the attention of physicians to the study of the vital powers. Hoffman, and still more Cullen, made further advances in the same direction. According to Cullen, most medicines affect the system by impressions made on the nerves of the stomach; but he allowed that some medicines of minor importance operate by chemical action. The same opinions are held at the present day. It is evident that the attention of most authors of our own times has been directed chiefly to the dynamic action of medicine, while their chemical action has attracted but little attention. I hope to be able to show, before I close this paper, that there are reasons for regarding some of our most valuable medicines as chemical in their primary action.

I begin with the statement, that all treatment of disease has for its object, 1st, a direct change in the dynamic powers, or in the tissues which are the laboratories of those powers, with a view of restoration to health or alleviation of suffering; or, 2d, a direct chemical change in the blood or tissues, and indirectly a change in the dynamic powers, with a view to restoration to health or alleviation of suffering. We have thus two classes of medical treatment—1st, the dynamic treatment; 2d, the chemical treatment.

1st. The dynamic treatment is that, as I have already intimated, which has occupied the attention of physicians of modern times; and it is by the direct exercise of the dynamic powers that nature effects her cures. Taking nature for our guide, we shall find that she adopts different modes to relieve disease; sometimes by increasing the natural excretions, chiefly from the skin, the mucous membrane of the air passages and the kidneys, and more rarely by the intestines; sometimes by an extraordinary or preternatural discharge, as hæmorrhage from the nose or womb; and sometimes by exciting another disease in another part. Giving to the self-healing powers a place by themselves, we shall have four kinds of treatment under the dynamic class. 1st, the autopathic; 2d, the homœopathic; 3d, the antipathic; 4th, the allopathic.

1st. The autopathic treatment. Autopathic, from *Αυτὸς*, self, and *Πάθος*; disease cured by itself. This is "nature curing disease," synonymous with the expectant treatment of the French. The collection of symptoms by which we designate the existence of a special disease, particularly febrile and inflammatory affections, are evidently nothing more than the manifestation of the efforts being made by nature to restore the system to health. In the autopathic treatment everything is left to nature, without any attempt to aid or control it by medicine. In this treatment everything which can excite, irritate or disturb the system, must be avoided. The voluntary muscles must be freed from all effort, and an uniform warmth of the body maintained; the senses must be at rest, and the mind tranquil; the drinks mild, and as abundant as may be desired; the food sufficient in quantity, and of a quality to support the system, at the same time free from anything which may disturb the digestive organs or quicken the circulation. Such is, briefly, the autopathic treatment, and which requires nearly as much the watchfulness of the physician, as when the patient is daily drugged. If we except the exanthemata, it is not often that a case of acute disease occurs, in which this treatment is strictly adhered to. More frequently an emetic or cathartic is given at the outset, and often interposed in the course of the disease; or injections are given, baths, sponging with water, are used, or an anodyne administered at night. Consequently, little opportunity is obtained in this country, especially in private practice, to contrast this mode of practice with others. I would also remark, in this connection, that this treatment is also applicable to other cases of acute disease, in which medicines are used.

2d. Homœopathic treatment. From ῞Ομοιος and Πάθος; literally, disease cured by like or similar disease. More freely, disease cured by medicines producing symptoms like to those produced by the disease itself. In this paper, the term will be used to comprehend all medicines which coöperate with nature to restore, through the natural excretions, the system from an abnormal to a normal state. The common view of homœopathy is, that it consists in treating disease with doses of medicine of infinite minuteness. This is Hahnemannism, not essentially homœopathy. The essential feature of homœopathy is not in the size of the dose, but in the power of medicine to aid nature in her curative efforts. With this view of homœopathy, all physicians adopt it in their practice. For instance, a patient is suffering from nausea and ineffectual efforts to vomit, owing to some offending substance in the stomach. We aid these efforts by giving warm water, or, if needed, by giving ipecacuanha in doses sufficient to vomit. This is homœopathic treatment. The bowels are disturbed by the presence of some offending substance. Ineffectual efforts are made to relieve them, as is manifested by rumbling and frequent small discharges. A cathartic is given, and the bowels are relieved. This is homœopathic treatment.

Again, a woman is in travail. Everything is favorable for delivery but the want of pains. Ergot is given, the womb is excited, and the child is born. This is homœopathic treatment. In these cases medicine aids the efforts of nature. In other words, the efforts of nature and the action of the medicine are similar. In the cases mentioned, large doses of medicine are usually required. On the other hand, I am persuaded that medicines which in large doses produce certain symptoms, will, in smaller doses, relieve the same symptoms, when produced by disease or disordered action. For instance:—nausea will sometimes be relieved by small doses of ipecacuanha; colocynth, which in large doses will produce colic pains, in smaller doses will relieve the same symptoms; corrosive sublimate, which in large doses will produce griping with tenesmus, frequent and small discharges of a dysenteric character—in minute doses is a medicine of great value in some forms of dysentery. Let me not be misunderstood. It is not my intention to attempt to defend homœopathy as a system complete in itself, and able to encounter disease in all its forms, nor is it my intention to advocate the use of infinitesimal doses. I am sensible of the extravagance of homœopathy as taught by Hahnemann, and as still practised by the strictest of his disciples. Still I am persuaded that there is great value in the homœopathic treatment, considered as I have defined it, as one mode of treating disease, and consequently limited in its application. I speak from experience, and can confidently say that I am not much more sure that ipecacuanha will vomit, or colocynth purge, or opium produce sleep; I am not more sure of the efficacy of calomel in the treatment of syphilis, or of cinchona in the treatment of intermittents, than I am of the efficacy of the more important of the homœopathic medicines in the treatment of diseases to which they are applicable; not in infinitesimal doses, but in doses much smaller than are usually supposed to have effect.*

In making the foregoing statement, I know that I am placing myself in opposition to a great majority of the profession, and in opposition to gentlemen, to whose opinions I have been accustomed to yield my own. But neither the weight of talents, of character or numbers, can cause me to yield the evidence of my own senses. I say what I know to be the truth, when I state that many diseases of a grave character, including most of the inflammatory affections of the chest and abdomen, and some functional derangements of the digestive organs, constituting a large portion of the cases that daily come under the cognizance of the physician, can be treated with success by the homœopathic mode.

The principle of the homœopathic doctrine having been confounded with the absurdities of the Hahnemannic practice, has not received that consideration which it deserves. I believe it presents a valuable truth, entitled to serious attention. There are two important propositions that I will present in this place.

1st. No two diseases of a similar character can exist in the system at the same time. This doctrine was taught by John Hunter, and is sustained by several facts. Examples of the same kind have been produced by other physicians.

2d. All medicines introduced into the system produce disease, some affecting a single organ, or set of organs, and being of short duration, such as ipecacuanha and castor oil; others affecting the whole system and being of longer continuance, such as opium, arsenic, mercury.

To my mind, these two propositions are of great significance. In the present imperfect state of our knowledge, it cannot be said, *a priori*, from the known symptoms or disease produced by any medicine, that this artificial disease will certainly destroy or displace another natural disease of similar symptoms. But from the laws of similar diseases, so far as they are known, it is a fair presumption that such an occurrence will sometimes take place.

In support of this opinion, I can adduce the observations of some of the most distinguished physicians, showing that the same medicines when used in excess, or in large quantities, will produce the same symptoms which, in smaller quantities, they are effectual in removing. As an example, I will mention mercury. Abernethy says, "We see the biliary secretions corrected by a few grains of mercury." "But in larger doses it never fails to irritate and weaken the constitution, and thus disorders the digestive organs." "Persons who are salivated have, as far as I have observed, the functions of the liver and digestive organs disturbed by that process." "I cannot but think it wrong to use mercury in hepatic affections to that extent which would disorder the functions of the liver if they were previously healthy. I have known many cases, where the liberal use of mercury has completely failed, in which the functions of the liver were, even in a short space of time, restored by alterative doses of that medicine." Dr. Chapman, of Philadelphia, says that "he had seen two cases of jaundice developed during a protracted salivation for syphilis," and also states that Dr. Cheyne had noticed the same fact. The testimony of other physicians to the same effect might be produced, but what I have stated is sufficient for my purpose.*

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* The most important of the homœopathic remedies here referred to are aconite, belladonna, bryonia, ipecacuanha, nux vomica, mercury, pulsatilla, veratrum. All of these, excepting mercury, I use in the form of tinctures, in doses of from half a drop to two drops. Of mercury I use the crude article triturated with sugar of milk, in proportion of ten grains of mercury to ninety grains of the sugar; of this preparation I use from two to ten grains. This will be found a very valuable medicine in aphthæ of the mouth, in some ulcerations of the throat, and in many of the bowel affections of children.

Arsenic: there is good authority for the use of this medicine in various diseases of the skin, for which purpose it was used by Tweedie, Eberle and Dewees. Dr. Johnson, of the *Medico-Chirurgical Review*, says that "a vesicular eruption is a very common effect of the use of arsenic." The same author says, that "of all the vesicular eruptions, certain chronic and obstinate forms of eczema of the scrotum, labia, and margin of the anus, are those in which arsenical medicines are most frequently and successfully employed." Another effect attributed to arsenic, when given during health, is the scaling of the skin, and falling off of the hair and nails. Pereira says of it, "When used in various chronic affections of the skin, particularly in scaly diseases, arsenic is one of our most valuable agents. I can confidently recommend it in lepra, having seen a large number of cases treated by it without a single failure."

Tartrate of Antimony is generally admitted to have power in pneumonia. Magendie tried the effect of this medicine on dogs. From his experiments, it appears that its principal action is on the intestinal canal and lungs. Nausea, vomiting, alvine evacuations, and difficulty of respiration, were produced by injecting it into the veins, as well as by introducing it into the stomach. Traces of pneumonic gastritis and enteritis were found after death. Magendie ascribes to it a specific power of producing engorgement or inflammation of the lungs. Moreover, it is said that the same effects have been observed in the human pulmonary organs. A case is referred to by Orfila, where a man died of apoplexy, but who, within five days of his death, had taken forty grains of tartar emetic. In his lungs were observed very irregular blackish spots, which extended more or less deeply into the parenchyma of the lungs.

Enough has been said to show that some medicines, given in small doses, cure the very diseases which they produce in larger doses. In support of this doctrine, I have produced mercury in certain diseases of the liver, arsenic in some diseases of the skin, and tartrate of antimony in diseases of the lungs; as I presume that the profession, generally, are agreed in respect to the efficacy of these medicines respectively, in the diseases above named. I have said enough to show that the doctrine is not without support. For myself, I am persuaded that it is a valuable truth, and that it is the only satisfactory explanation that can be given of the operation of some of our most valuable medicines. Let us compare this explanation with two others of the action of medicines which are most common.

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* For the above references and those which follow, I am indebted to an article published by Dr. Peters, of New York, in an early number of the *Homœopathic Journal*, entitled "Gleanings."

1st. A very common explanation of the action of medicines, is that which attributes to them a power of controlling the action of the heart. We often see expressions of this sort, "the medicine seemed to control the action of the heart; the pulse diminished in frequency and force." This explanation is very common. Indeed, it would seem that physicians regard the heart in the organic, as certainly it is in the spiritual system, as desperately wicked, and the occult cause of a multitude of depraved actions; and if the heart can be kept within its lawful limits, everything else will go right. But is this a correct explanation? Is the proximate course of any disease to be found in the organic action of the heart? I think not. On the other hand, the capillary system is undoubtedly the ostensible seat of all inflammatory diseases, and indeed of all diseases which are attended with increased action of the heart. The action of the heart is evidently secondary, or sympathetic. Consequently, medicine, if ever beneficial, in such cases must act first on the seat of the disease, or the capillary system; and the improvement in the action of the heart is secondary or consequential. Thus we see that this popular view of the action of medicine is entirely hypothetical, unsustained by facts. Pereira very justly says, "When we attentively watch the effects of medicines, it will become manifest that few of them excite or depress merely."

2d. Another common explanation of the action of medicines is, that they cause an altered action in the parts affected, and are therefore called alterative. Undoubtedly this is true. Medicines that produce any benefit must do this by producing altered action in the affected parts. All disease is altered action. All recovery from disease is altered action. All disease is vital action altered from normal to abnormal, and recovery is the reverse; and consequently, all medicine which aids in recovery must do it by producing altered action. But in this term altered action, do we find anything more than the expression of a fact, without any explanation of it? Pereira has been regarded by the profession as eminently a practical writer. His work on therapeutics is rich in facts drawn from all sources, without partiality to any particular system or mode of practice. In closing this part of my paper, I cannot do better than by giving the following quotations from his valuable work. "Stimulant washes," he says, "applied to the eye, sometimes cure ophthalmia. They operate, apparently, by altering the morbid action, and substituting a milder and more easily-cured disease for the one previously existing." And again, he says, "let us discard absurd hypothesis.

and for the present be content with the knowledge of the fact, that one disease, whether artificially or spontaneously generated, will often, not invariably, supersede another." I accept the whole of this passage as expressive of more than one important truth. "Not invariably" do medicines produce the effect here ascribed to them, is quite as much a truth as that they "often" do; as nature adopts different modes of relieving disease, so must the physician; and this leads me to my third division of dynamic treatment.

[To be continued.]

## RULES FOR THE PERFORMANCE OF IRIDECTORY IN GLAUCOMA.

[Translated, with remarks, for the Boston Medical and Surgical Journal, by Hasket Derby, M.D.]

Many inquiries having been recently made of me as to the proper method of performing iridectomy in glaucoma, I feel that I can do no better than to state, in his own words, a few of the principles that Professor von Graefe has laid down for the guidance of others. I will merely premise that by "external incision" is meant the cut made by the lance knife in piercing the sclerotic, and by "internal incision" the cut made at its emergence into the anterior chamber.

"1. The incisions must be disposed as excentrically as possible, so that the external incision be made in the sclerotic about half a line from the edge of the cornea, and the internal incision directly in the line of junction of the cornea and sclerotic. It is thus rendered possible to remove the iris up to its ciliary insertion, and it appears that this is necessary to, and at any rate ensures, the result. Inasmuch, moreover, as the accompanying mydriasis narrows the width of the iris, any deviation of the internal incision from the periphery of the cornea would materially diminish the size of the excised portion.

"2. As large a piece of the iris as possible must be excised, on which account either a very broad lance knife must be employed, or an ordinary one must be made to enter more deeply. This operation is in this respect quite different from the usual one for artificial pupil, such as would, for example, be performed in the case of a leucoma adhærens, where, as is well known, optical reasons cause us to prefer a pupil of small size. But the more extensive the glaucomatous process, the more marked the increase of intra-ocular pressure, the larger the portion of iris I recommend excising. The point to be selected for performing the operation is naturally immaterial. I generally excise the iris inwards; should, however, a regard for appearances dispose us to be especially scrupulous, the excision may be made upwards. The age of the patient, however, generally renders this consideration unnecessary, besides which I consider an opening in the iris made inwards of little consequence, and certainly hardly perceptible in dark eyes. The operation for removing an upper portion of the iris is, moreover, inconvenient, and requires a more complete rotation of the bulb with the instrument used for fixation—a manœuvre that might be prejudicial to an eye excessively inflamed.

"3. Great care must be exercised in the evacuation of the aqueous humor, because in these cases a too sudden diminution of the intraocular pressure might cause extensive hæmorrhage not only among the deeper tissues, but into the chambers of the eye. It is true that the relatively greater pressure—maintained even after the evacuation of the aqueous humor—is a cause why such hæmorrhages should take place less frequently than in ordinary iritochoroiditis, with atrophy of the bulb; and, in fact, we rarely find in glaucoma effusions so extensive and so obstinately resisting absorption as in the above-mentioned class of cases. On the other hand, however, there lies, in the nature of the disease, a strong predisposition to rupture of the vessels, whether caused by a direct implication of their walls, or by the preceding venous strangulation, I shall not undertake to say. I have already called repeated attention to the occurrence of retinal apoplexies, which fact alone should induce us to exercise foresight. While the aqueous humor is being evacuated, I am careful to exercise a slight compression with the finger on the bulb, and shortly after the operation I apply to the eye a compressive bandage, which, after a few hours, I carefully loosen.

"I have found no other special treatment necessary. Even in those cases where the operation was done at the period of the most acute inflammation, the symptoms of inflammation seemed to voluntarily disappear. An exception may, however, sometimes be made in such cases, and an antiphlogistic course of treatment pursued, in order to hasten the disappearance of the inflammatory symptoms. It is hardly necessary to add that such eyes must be longer guarded from light, and the common precautions more carefully followed than in ordinary cases of iridectomy."

One single point that has not been touched, in the foregoing observations, I think of sufficient importance to allude to. In most cases, as soon as the iris has been divided by the scissors, bleeding takes place into the anterior chamber. In order to avoid the protracted process of absorption, it is important that this blood should be removed before the wound is allowed to close; and this is readily effected by placing the point of a Daviel's scoop on the edge of the external incision, and gently pressing with its back against the sclerotic. The wound is thus made to open slightly, and the blood follows of itself. I have observed that von Graefe rarely neglects this precaution.

Von Graefe, Donders and Desmarres entrust the division of the iris to an assistant; Arlt, Bowman and Critchett perform this act themselves, and the two last-named gentlemen employ spring specula for the separation of the lids, and are thus enabled to perform every step of the operation themselves. Unless we have an assistant thoroughly familiar with the proceeding, the latter seems by far the better course, for no part of the operation demands a quicker eye or a steadier hand than the proper division of the iris. H. D.

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## CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

### No. II.—Severe Wound of Hand and Wrist.

The history of a simple cut in ordinary situations would certainly hardly be worth recording; and perhaps the following case may be thought trivial; yet, even keeping in view some of the graver situations in which a surgeon, especially in the country, may be placed, I cannot but regard this case as presenting some features of difficulty.

G. S., a young man of 24 years, returning from the hay-field, in vaulting over a fence, caught the heel of his scythe, which he was carrying detached from the snathe, upon the top-rail. The blade, being thus drawn through the hand for its entire length, and pressed in by the weight of his body, inflicted a severe wound, which extended through everything, down to the integuments on the back of the wrist and the metacarpal bones, from three fourths of an inch above the pisiform bone, to the base of the first phalanx of the fore-finger. The bones of the carpus were separated by the blade, and the hand fell apart, like the body of a fowl prepared for broiling. The patient was carried to the nearest house—an isolated farm-house, and before I could see him, had lost more blood than he could well spare. Although quite faint, the removal of the temporary bandages was attended (before the tourniquet was screwed tight enough to check it) by profuse hæmorrhage, and this of an embarrassing character. The bleeding seemed to be forward and backward, from the more superficial vessels, and upward, from between a mass of divided tendons and nerves, from the deeper arch. On consultation with a professional friend, whom I sent for, and who was my only reliable assistant, we decided to tie each divided vessel in succession, rather than to go above upon the main trunk. The doing of this was not rendered more easy or agreeable, by surrounding circumstances; the scene of action being a small bed-room, as warm as such an apartment could well be on a hot night in July, the same being crowded with sympathizing and perspiring neighbors. The best light that was obtainable was afforded by tallow candles, held by these neighbors. Notwithstanding various and annoying disappointments, we finally succeeded in ligaturing each divided vessel, including the ulnar, to the number of thirteen or more. The two parts of the hand were then brought together, and maintained in position, upon a curved splint, with water dressings. The patient, although very feeble for some time, from the excessive hæmorrhage, made, in the end, a good recovery, and has a very good use of his hand. Passive motion was begun as soon as possible, and this, with the frequent rubbing of the parts with liniments and the like, may have contributed towards the good result.

The embarrassment that may arise from severe wounds of the palmar arches, I have since seen commented upon, several times, by those qualified to express an opinion. Dr. Valentine Mott, I believe, inculcates the principle, that, although in such cases the ligature of each little vessel may be tedious and even difficult, it should be done; and that the ligature of the main trunk is liable, in the end, to be an unsatisfactory operation, as secondary hæmorrhage will often occur, after the rëestablishment of the circulation through the wounded parts.

## Bibliographical Notices.

*The Excision of Joints.* By Richard M. Hodges, M.D. Boston. 1861. Pp. 204.

This valuable essay received the Boylston Prize for 1861, and no one can examine its well-digested and lucid pages without assenting most cordially to the award of the committee. It claims to be, and is, a full and complete synopsis of all that has been written upon this subject—a subject at the present time full of importance to American surgeons. The experience of our army surgeons is giving them many opportunities for the practice of this class of conservative operations, and the superior hospital accommodations which, as a general rule, our soldiers enjoy, seem to promise the most favorable results. This essay of Dr. Hodges, therefore, cannot be too diligently studied by the gentlemen to whom these responsibilities are entrusted. It would be a good thing if the Sanitary Commission were to publish a condensed abstract of it for the use of the surgeons in the field. The work is prepared with the greatest care and method. Beginning with the history of excisions, it goes on to a philosophical consideration of their value and adaptation to the various classes of cases in which they are likely to be employed, contrasting them with amputations, and concluding with a general summary in favor of these operations. Each of the joints is then taken in detail, and separately considered; the method of the operation, its history as employed for disease, anchylosis or injury, the after-treatment, the dissections where autopsies have been made, are all given, and the whole is summed up in a series of aphoristic conclusions. The work is enriched by the most carefully prepared tables, followed by elaborate analyses of the same, which are of great value, and concludes with a list of all the principal works and articles on excision of the joints, with a full index. We cannot too much commend the industry and good judgment of the author, who has unquestionably given to us the most condensed and complete treatise on this important subject yet written.

# Army Medical Intelligence.

## Letter from Surg. Geo. B. Willson—March from Hampton to the Camp before Yorktown.

[Communicated for the Boston Medical and Surgical Journal.]

*Headquarters, 3d Mich. Infantry, 3d Brigade, 3d Corps*
*d'Armée, Camp before Yorktown, Va., April* 11*th*, 1862.

Messrs. Editors,—I need not recur to what had transpired up to the date of my last letter, but shall commence with our march from Hampton. Our first camp there (Camp Hamilton) was between the ruins of the late village and Fortress Monroe. On the third day we moved to a better location, on a sandy plain west of the ruins. The diarrhœas and dysenteries produced by the Potomac water continued, and, as the weather was rainy more than half the time, there were many complaints of rheumatic pains, besides a good many catarrhal cases. While there, we sent some 12 men to the General Hospital at Fortress Monroe. One of the cases commenced with a heavy chill, lasting two hours, and succeeded by a low fever without intermission for twenty-four hours, when a great number of brownish spots appeared on different parts of the body, and he was sent to hospital, where he died the next day. This man had had a sore mouth and tender tongue for a few weeks previous, and when he left for the hospital his gums were puffy and bled easily. I suspected scurvy, but I believe that the case was reported as intermittent fever. I don't know what they called it in hospital. A great number of our men, for a month or six weeks past, have complained of a rawness of the whole mouth and throat, the middle of the tongue being peculiarly tender, and presenting a smooth raw appearance, like a tongue cleaning from the sordes of typhoid fever. This soreness of the mouth and throat was very common amongst the men, and quite hard to remove, lasting several weeks in some cases. In our new camp at Hampton (Camp Heintzelman) our men got good supplies of vegetables of every kind, and plenty of oysters and clams, which are found in great quantities around there in the bayous and creeks. The oysters are brought there in vessels and "planted" in the bayous, and taken up as the market requires. When we went there first, we bought them for one dollar a gallon, but the price was soon doubled. Since then, the sore mouths have greatly diminished in number.

On April 4th, the "long roll" was beaten, and the whole army—cavalry, artillery and infantry—sprung up and buckled on their armor, knapsacks, canteens, tents, &c., and began to pour forth upon the road. I may as well here give you an idea of the shelter provided us, as this is an important item in sanitary respects. Every private and non-commissioned officer, except the orderly sergeants, carries on the top of his knapsack a piece of canvass about five by ten feet in size, and having buttons or button holes on one long edge and loops on the opposite. Each of these pieces is half of a tent. At night, every two men button their two pieces together, and lay the pieces thus fastened across a little pole or stick laid on two crotches. They fasten the looped edges to the ground by wooden pins, and thus form a tent capable of sheltering two men with their "traps." These are called *shelter tents*, but they cover so little ground that when it rains the water flows in about the edges and leaves but a small space dry. Even when they drain round the edges, if the ground is low, flat and wet, as most of it is that we have passed over, the drain fills up and the ground is frequently covered two or three inches deep with water, so that the men have often to leave them and sit up outside, round the camp fires, with their rubber or oil-cloth quilts about them. The orderly sergeants have wedge tents, much more comfortable than the shelter tents, and those are carried in the baggage wagons. The officers of the *line* have for every two companies, that is for every six of them, a wall tent of the ordinary size, viz., ten feet square. The officers of the *field* and *staff* have a similar tent for every two of their number. The commissary and quartermaster's sergeant have a wedge tent, and there is a large wall tent, or, in some regiments, a "Sibley" for a hospital. This makes up the shelter. When the wagons are delayed so as not to be able to come up at night, all those having wedge and wall tents have to do without them; and if they cannot find a house or barn, they must sleep in the open air. This was my fate on the night of the 5th.

After we got on the road, in marching order, I could not tell how other regiments in the advance or rear fared, except as I inferred from the marks left or the halts we were compelled to make, which during the first day's march were very frequent. We at no time went more than a mile without a halt, and often not twenty rods; and the halts varied in time, from five minutes to three hours in length. Towards noon and afterwards frequent attempts were made to get a cup of coffee boiled, yet few succeeded, the order to fall in compelling them to throw it away nearly every time. Then after finding that we would halt again, perhaps in forty rods, many oaths were expended. Shortly after, the march commenced, and the men began to feel tired from the frequent stoppages—falling in—halting—breaking ranks—lying down—jumping up again to fall in—standing half an hour—breaking ranks without moving forward a yard—lying down again—falling in—marching a short distance—halting half an hour—then lying down—falling in, and so on. This soon became so tiresome that the men began to throw away part of their luggage, chiefly overcoats and blankets, and it continued all that day and the next. Though there was not half of the army ahead of us, yet so general was this waste, that from four miles west of Hampton to within a few miles of this place, I did not ride forty rods in any place without passing an overcoat, a blanket, or some other garment. Many of them were nearly as good as new. After the whole army, nearly twenty miles in length, had passed, the road must have been literally covered. Though this is not a strictly medical matter, yet it has its relation to my subject, inasmuch as it tends to show that however well the men had been provided for as to clothing, they must now be in rather a poor condition to stand exposure or severe weather.

Now that you can judge of our shelter and clothing, I may add a word upon *food*. Up to our leaving Hampton, we had less or more light bread every day, but now commenced the era of "hard crackers." These I need not describe further than to say that they are about the same as *sea biscuit*, and nearly as hard as an oak barrel stave. This is the only kind of bread we have now, and with coffee (no tea), sugar, vinegar, and salt pork, forms our food. A great number of live cattle were driven along and slaughtered here and there as occasion required—so that we have had fresh beef several times; but one half of the time we had no salt, so that it was often eaten saltless, and sometimes raw at that. When cattle are killed for beef, the entrails, with whatever tallow is on them, and the head, often with the tongue left in it, and the hide, are all left on the ground. Since taking up our position here, the plain has been strewed with the heads, hides and entrails of the slaughtered cattle, no care being taken to throw them into sinks. This will soon have to be done, should the weather become warm. If some one had teams to go around and collect the hides, and ship them, he might make thousands of dollars.

We camped the first night a mile west of Big Bethel, having only made about thirteen miles in an equal number of hours, for we did not pitch tents till near 10 o'clock. The ground was damp and flat, and one regiment of our brigade actually lay in a place so wet and soft that a horse could not get through it. Next morning the sick list was large—most of the cases new, and three fourths being chills and fever, with diarrhœa or dysentery. Some eight or ten had to be taken into the ambulances and wagons.

I forgot to mention the item of ambulance conveyance. Each regiment has one two-horse ambulance, and then to each brigade there are two four-horse ambulances. For the field, our ambulance corps is quite ample, numbering 27 men and four field stretchers. Those regiments which have no bands have only about half that number.

On the second day's march, April 5th, we made about twelve miles, through very bad roads, and the rain pouring from 10, A.M., till near 4, P.M. (The roads were excellent the first day, and the weather clear.) We reached a plain said to be two and a half or three miles from Yorktown, at about 5, P.M., and there we found that our army (the part preceding us) had branched off to the right and taken up position, their extreme right resting on York river, between Yorktown and Ship-point. We (Heintzelman's corps) pitched our tents on the plain, *our* regiment being located in a cotton-field. We are near the centre of the army, which is drawn up in an irregularly crescentic form, having the right on York river—Yorktown itself in front of our division, though intervening woods and a rising ground keep it from view. Close behind the woods are the enemy's works, which encompass Yorktown, and present a face of about seven miles extent in front of our army. The plain, a mile across, extends about two and a half miles from the river, between the town and Ship-point, to a place half a mile to our left. Then woods intervene, so that I cannot describe the position of the left half of our army. Our batteries have been throwing shells and exchanging shots occasionally with the enemy ever since we came here, but the shots are few and far between. None of our troops have been any way busily engaged but the sharpshooters, and they had lost four men killed and six wounded on the 6th current. Yesterday the division was moved off the plain back into the woods, the enemy having thrown several shells amongst us and fired a good many balls clear over us. We expect an engagement in about three days more. The woods where we are now located are cut up with swales, covering quite half the ground, and the other half is flat and damp, and the water we get of course is all surface water, and very bad at that.

Now I shall turn to the hospital arrangements, and the manner in which the medical force is disposed. From the lengthened preliminaries, I think you will be able to understand everything as well as if you were here. It was first arranged, by Dr. McClure, Medical Director of our division (Hamilton's Division), that there should be one hospital for the whole division; and for that purpose several houses, one on the plain and some others on its borders, were taken possession of and put in charge of several of the surgeons. This arrangement did not work well, and when the division was moved back into the woods, the hospitals were also directed to be removed; so they accordingly moved back some two miles from their first location, to an old encampment deserted by the rebels, on which there were left a great number of very comfortable shanties. As the arrangement for a division hospital had not worked well, the surgeons of our brigade have fitted up some of the shanties for themselves, and purpose having a brigade hospital in them. All the surgeons stay back at these hospitals, and leave the assistant surgeons with the regiments. They, the assistant surgeons, are to go with the regiments in case of an engagement, but they are precluded from taking any instruments but their pocket cases with them. This virtually reduces them to the rank of mere forwarding agents, whose business on the field will only be to bandage a limb, or tie an artery, or put on a tourniquet, and stay with the wounded until the ambulances come to take them to the hospitals three or four miles in the rear. Should there be much of a battle and many wounded, it may be twenty-four hours or more before they can be conveyed back, and during that time the assistant surgeons must stand by and look on without the ability to perform any operation requiring a larger instrument than a two-and-a-half inch bistoury. They have neither bone forceps, small saw, Hey's saw, elevator, or ball extractor; so that they have their hands tied as to performing any operation in which these would be used, no matter how urgent the necessity or how long the patients may be under their care. This arrangement is an insult to the assistant surgeons, and if they consent to be so used and remain in the service longer than honor compels them to, I am much mistaken.

Now I have given you an outline of the whole proceedings, and the present position of parties and affairs. I have nothing further to write, as there is nothing being done. This letter has cleared the way, so that when I write, next time, I can proceed at once to professional matters, and deal with them alone without burdening my page with preliminary and parenthetical explanations. Trusting that I shall have something more interesting to communicate ere long, I am

GEO. B. WILLSON.

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WE are kindly permitted by the Surgeon-General to make the following extracts from a letter from Dr. John Stearns, Jr., of this city:

FLOATING HOSPITAL LOUISIANA,
Cairo, Ill., 7th April, 1862.

*To the Surgeon-General.*

DEAR SIR,—My position is quite an independent one. Surg. Wagner, of the Army, has charge of the boat, and manages in detail. Dr. Williams, of Alton, a volunteer surgeon, is associated with him in the same relation as myself. The boat is divided into three wards, and each is independent of the other, as at the Mass. Gen. Hospital. Dr. Wagner is from Baltimore, a very courteous and pleasant man. The Medical Director, here, is Dr. Simmons, of South Carolina. I like the service. At No. 10, we had twenty gunboat men on board, wounded and sick, from Old Massachusetts, some of them 2d regiment men, and two from Boston. We left the headquarters of Gen. Grant's army yesterday morning, 250 miles from here, up the Tennessee. On Saturday I rode through the camp (a part of it), and New England stock everywhere stands out, and splendid fellows they are. Grant is only waiting for Buell to join him, and then good bye to Beauregard and Bragg, for there can be hardly a doubt of the result. As we returned from our ride, we met a squad of "Butternut" prisoners, taken in a skirmish the night previous, and a poorer and weaker set I never saw. Such men cannot contend with these Western braves. It would have done your heart good to see how well our men received the fellows, as they were marched in. Not an insult, not a word except of congratulation as if they had escaped from starvation—and they looked as if they had. This is chivalry. We took 250 sick to Cincinnati last week, and have 200 now, and are about leaving for St. Louis. I trust our boys are well served ; but could you overlook these Western regiments and their supplies ! some of them have no surgeon ; many, only one. Some no stimulants, no quinia, no ammonia—everything scanty but powder and ball. Yours truly, J. STEARNS, JR.

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THE following account of the military hospitals at Newbern, N. C., is taken from the *Progress* newspaper, published at that place :—

The General Hospital at Academy Green is full of severely wounded men, and those who have undergone amputation. Two houses opposite are filled with wounded rebel prisoners, under charge of their own surgeons. The Masonic Hall (the public hall adjoining the Lodge Room) is filled with the sick of various regiments. These last two are branches of the original Academy Hospital, and are supplied from its kitchen. The best of food is furnished, excellent ventilation, good beds and kind and attentive nurses. Dr. George Derby, of the Mass. 23d, has the general supervision, assisted by Dr. Newton, Assistant Surgeon of the Conn. 10th, and by Dr. Clark, of Whitinsville, Mass., one of four surgeons recently sent by the Governor of that State. The wounded are cheerful, and speak in the highest terms of their surgical and medical advisers, accommodations and nurses.

The General Hospital, on Craven St., was fitted up by the rebels, and contains eleven wards, with about 240 beds. These wards are generally finely aired, and well ventilated. They contain both the wounded and sick patients. Under the same name—"Craven Street General Hospital"—are included the Odd Fellows' Hall Hospital, in Middle St., and the Merchants' Bank Hospital, in Craven St., with about sixty beds. This whole organization is under the charge of Brigade Surgeon James Bryan, of Philadelphia, assisted by Drs. Sam'l Kneeland of Boston, D. W. C. Lathrop of Connecticut, W. H. Leonard of New York, and J. C. Batchelder of Templeton, Mass., one of the four surgeons sent by the Governor of that State. The hospital steward is H. R. Jones, Co. C, 8th Conn. ; and the apothecary, John M. Davies, Orderly Sergeant Co. M, 9th N. Y. We are glad to learn that the patients are all doing very well. The hospitals have fine open yards, with plenty of ventilation and light ; the wards are kept clean and sweet, and, through the assistance of the Sanitary Committee, are abundantly supplied with clean clothing, in the way of shirts, drawers, quilts, bed ticks, &c. &c. Dr. Page, the Sanitary Inspector, is indefatigable in his department in the hospitals. We also learn that the gun-shot and other wounds heal kindly, our men being generally robust and healthy of constitution.

## Selections from Medical Journals.

Profs. Syme and Velpeau on the Treatment of Fracture of the Femur.—In a recent number of a Dutch medical journal a criticism of Mr. Syme's Observations in Clinical Surgery, by Dr. J. Van der Hœven, has been published. We allude to it chiefly because the writer directs attention to the circumstance that Prof. Velpeau is at one with Mr. Syme as to the rationale of the treatment of fractures of the femur by means of the long splint. Mr. Syme maintains that, in the treatment of the injury, extension is unnecessary, and that the use of the long splint consists in restraining the movements of all the articulations of the limb. This opinion, as our readers are well aware, is very different from that usually entertained, but it is satisfactory to find that so high an authority as Velpeau has come to the same conclusion. Dr. Van der Hœven quotes the following remarks made by Prof. Velpeau in reference to three cases of fractured thigh-bone, in which cures took place, with slight shortening, but without lameness resulting:—

"These three facts, taken in connection with a good many others which have come under my notice, enable me to establish a principle at variance with the opinions generally entertained. People cannot understand a difference in the length of the two lower limbs without the production of a perceptible lameness, and it is easy to read in the treatises on fractures that shortening succeeding fractures of the thigh is serious, because it may be followed by a very disagreeable result—lameness. The treatment of these fractures is conducted in conformity with these indications, and numerous forms of apparatus have been invented, or are invented every day, with the object of obviating shortening. Some are intended, it is said, to overcome the action of the powerful muscles of the thigh, to which is due the displacement of the fragments in respect to height. Others are intended to obviate the difficulties in the way of a regular coaptation. A Polish author has brought together in a monograph all these kinds of apparatus, which amounted to about two hundred, a number which has since been augmented by numerous inventors. I am far from blaming the zeal of surgeons, and the only reflection with which these attempts inspire me is, that they are unnecessary. The draggings which are to be exercised upon a thigh are not free from danger; the occurrence of sloughing under the tight bandages often makes it necessary to discontinue the traction, in itself so painful. From another point of view, the absence of limping in cases of well-marked shortening is a second counter-indication against exaggerated efforts of extension, which perhaps have never proved successful. If any surgeons were to affirm the contrary, and were to tell me that they have seen fractures of the thigh get well without shortening, I should make use of the expression of Fontenelle, 'Je le crois puisque vous me le dites, mais je l'aurais vu que je ne le croirais pas.' (I believe it since you tell me so, but I should not have believed it had I seen it myself.) And I should ask them if they have generally seen their patients limp in whom there was shortening of the limb. If displacements of an angular character, and occasioned by rotation, can be prevented, the result is already satisfactory."—*Edinburgh Medical Journal.*

Fucus Vesiculosus as a Remedy for Obesity.—M. Duchesne Duparc strongly recommends this plant as a means of diminishing an uncomfortable tendency to obesity. He reports three cases in which its use was attended by a decided diminution in weight, without any other appreciable effect. In one case, the loss was from twelve to fifteen pounds in about two months; in another, the diminution in weight was thirty pounds in three months; in a third, there was a decided relief from the discomfort under which the patient had long labored, but the record is incomplete. The remedy is best administered in the form of alcoholic extract, of which there may be taken as much as three or four grammes daily. Great care should be used in the collection of the fucus, as it is easily confounded with other marine plants, which are entirely inert, so far as the peculiar efficacy of the vesiculosus is concerned.

Guaiacum as a Remedy in Diphtheria —Mr. West Walker, in the *British Medical Journal*, strongly advises the use of guaiacum in diphtheria. He considers it particularly efficacious in combating the affection of the throat which precedes the membranous exudation and the exhaustion of the system. He gives it in combination with chlorate of potassa, and tincture of cinchona.

Tetanus successfully treated by Chloride of Barium.—The *Gazette des Hopitaux* reprints from the *Italian Medical Gazette* the details of a case of tetanus, in which the chloride of barium was successfully administered. It was prescribed in the proportion of sixteen grains to a pint of distilled water, the whole to be taken in the course of twenty-four hours. At the end of the eleventh day the symptoms had nearly ceased, and the dose was reduced to eight grains a day; on the sixteenth day the medicine was discontinued, and the patient left the hospital, well, on the eighteenth day. Several other cases of tetanus are referred to, in which this remedy has been employed with success in Italy, during the past two years.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 24, 1862.

Minims or Drops ?—In conversation with an intelligent apothecary, not long since, we were surprised to learn how generally the medical profession, in writing their prescriptions, disregard the distinction between these two measures of quantity. In looking over a pile of prescriptions on his counter, the sign ♏ hardly occurred in one of them. Now this may seem to be a matter of very little consequence, but it indicates a habit of inexactness which is by no means creditable. The distinction between the two is so marked, and varies so much for different liquids, that we really believe physicians would find it greatly for their advantage to adopt the precise measure. In dealing with powerful remedies, it becomes a matter of no little importance to know precisely the amount of the dose administered; and this can never be the case if we trust to a prescription of drops, poured, it may be, from the capacious mouth of some large, dry-lipped vessel by the clumsy hands of an inexperienced apothecary's boy. The oil of bitter almonds has been strongly recommended of late as a means of destroying the offensive taste of cod-liver oil, which it does most effectually. It is about four times as strong as officinal hydrocyanic acid. Such a powerful agent, given, as it is very likely to be, to young children, in this combination, should be measured out with the utmost exactness. Our writers on materia medica, we find, are no more precise than our practitioners in this respect. American writers generally give the dose in drops, or sometimes in drops and in other instances in minims in the same work. English writers, on the contrary, so far as we are acquainted with them, measure the dose uniformly by minims, which is much the best way. To freshen the memory of our readers with regard to the very great difference between minims and drops with different fluids, the same phial being used for pouring, we re-print the following well-known tabular statement, by Mr. Durand, of the number of drops of different liquids equivalent to a fluidrachm:—

| | |
|---|---|
| Acid acetic (crystallizable), | 120 |
| Acid hydrocyanic (medicinal), | 45 |
| Acid muriatic, | 54 |
| Acid nitric, | 84 |
| Acid nitric, diluted (1 to 7), | 91 |
| Acid sulphuric, | 90 |
| Acid sulphuric aromatic, | 120 |
| Acid sulphuric, diluted (1 to 7), | 54 |
| Alcohol, rectified spirit, | 138 |
| Alcohol diluted, proof spirit, | 120 |
| Arsenite of potassa, solution of, | 57 |
| Chloroform, | 260 |
| Ether sulphuric, | 150 |
| Oil of aniseed, of cinnamon, of cloves, of peppermint, of sweet almond, of olives, | 120 |
| Tincture of assafœtida, of foxglove, of guaiac, of opium, | 120 |
| Tincture of muriate of iron | 132 |
| Vinegar distilled, | 78 |
| Vinegar of colchicum, | 78 |
| Vinegar of opium (black drop), | 78 |
| Vinegar of squills, | 78 |
| Water distilled, | 45 |
| Water of ammonia (strong), | 54 |
| Water of ammonia (weak), | 45 |
| Wine Teneriffe, | 78 |
| Wine antimonial, | 72 |
| Wine of colchicum, | 75 |
| Wine of opium, | 78 |

The difference is also very striking between the number of drops of different liquids equivalent to a fluidrachm, according as they may be poured from a pint or half-pint tincture bottle or a minim measure.

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Recovery after severe Bodily Injury.—Dr. Alverson, of Marengo, Iowa, reports a case of recovery, after very severe injury to the right arm and right side of the body. On the 10th of October, 1860, the patient—a boy—was caught about midway of the right fore-arm, and drawn between the cog wheels of an iron sugar mill. The extent of the injury, as seen by Dr. A., twenty hours after the accident, is thus described by him:—"The cogs followed up the muscles of the fore-arm and arm without much injury to the bone except the elbow joint. The ulna was partially dislocated backwards. After passing up to the shoulder, the cogs caught him in the axilla, passing along in a circular course, crushing the second, third and fourth ribs, also crushing the sternum, passing on to the left nipple, where it stopped, injuring only the flesh on the left breast. On the posterior wall of the chest, the scapula was perforated by three cogs, and the flesh mutilated around close to the spinal column." The patient was found with hard breathing, pulse 130, and the right lung collapsed. The flesh had closed up, leaving no opening internally. Five drops of the tincture of veratrin was ordered every four hours, a cathartic given, and the wounds dressed. Next day, pulse the same, wounds inflamed, and patient restless. Oct. 13th, pulse 140, no appearance of suppuration. 14th, pulse 120, and some symptoms of gangrene. Wounds kept wet with cold water and spirits of camphor, equal parts. 15th, pulse 130 and wiry; veratrin continued. 16th, suppuration slight; pulse 120. 17th, suppuration going on freely, and air from the wound in the sternum. Simple ointment for dressing. Air and pus continued to escape, and on the 21st nearly all the flesh from his breast had sloughed off, the heart, lungs and stomach partially exposed to view. The heart sac was plainly seen, and showed every beat of the heart. A small portion of the left lung was seen to act. The shoulder blade and parts of broken ribs also exposed to view. A weak solution of tincture of iodine, by means of a syringe, also of creosote, and an ointment of equal parts of sweet oil and beeswax, were used for three weeks, with general treatment. At the end of two months the wounds closed, and the right lung began to act. In nine months the right lung had filled out, in a great measure, the depression in the chest. Feb. 25th, 1862, the patient seemed sound and well, but with his arm a little crooked and a small spot not yet healed—also frightful scars on the arm and chest.

VITAL STATISTICS OF MELBOURNE, AUSTRALIA.—From the number of *The Medical Record* for Nov. 24, 1861, published in Melbourne, we learn that the number of deaths in that city and suburbs for the quarter ending Sept. 30th, was 770—of which 357 were under 5 years of age, and 413 over 5 years; males 449, females 321. The population is estimated at 139,991. The mean temperature of the quarter was 51. From zymotic diseases there occurred 231 deaths, or 30 per cent.; from sporadic diseases, 103, or 13·38 per cent.; diseases of the nervous system, 109—14·16 per cent.; of the respiratory system, 170—22·08 per cent.; circulatory system, 29—3·76 per cent.; of the digestive organs, 45—5·84 per cent.; of the urinary organs, 9—1·17 per cent.; generative organs, 9—1·17 per cent.; locomotive organs, 2—·26 per cent.; integumentary system, 2—·26 per cent.; old age, 6—·78 per cent.; external causes, 50—6·49 per cent.; undescribed, 5—.65 per cent.

SMALLPOX AND VACCINATION IN PROVIDENCE, R. I.—Dr. Snow, the City Registrar of Providence, states that no death from smallpox has occurred in that city since the 1st of March, and only four through the winter, although there were at one time more than thirty cases of smallpox and varioloid in different parts of the city. There are now only two cases known in the city, the disease having been arrested by a prompt attention to vaccination. Since the 1st of January, Dr. S. says, 1,194 persons have been vaccinated or re-vaccinated at the office of the superintendent of health, and a still larger number, probably, by physicians in private practice.

STATE HOMŒOPATHIC SOCIETY IN NEW YORK.—In the New York Assembly, recently, at Albany, Dr. Bowen reported back, for the consideration of the

House, a bill to incorporate the State Homœopathic Society. In introducing the report, Dr. Bowen gave expression to his views of the matter as follows:—

*Mr. Speaker,*—The Committee are unanimous in giving this direction to this bill from the honorable Senate. In the few remarks which I had the honor to make before the House a few days since, when homœopathy was alluded to by an honorable gentleman, in connection with printing the Transactions of the State Medical Society for the use of each member and officer of the House, I took occasion to say that when this bill should come before us, I should make no factious opposition thereto. This is why I have agreed to the report that has just been offered; and while I thus disclaim any particular hostility to the measure, I wish to rid myself of the least seeming affiliation to what I have ever considered a sublimated species of charlatanry. Sir, it is one of those delusions, like spirit-rapping, and others of a kindred nature, which have their day, and are destined to disappear; and I challenge the most ardent of its votaries to point to one single improvement which has ever emanated therefrom, either in hygiene, medicine or surgery.

Dr. W. H. Church, of New York city, Medical Director of Gen. Burnside's army corps, says the *American Medical Times*, successfully ligated the external iliac artery after the battle of Roanoke Island. It is also stated that the surgeon of a New York regiment ligated the common iliac after the affair of the Merrimac at Fortress Monroe.

Of the 26,265 births in Scotland during the quarter ending Dec. 31, 1861, 23,744 were legitimate, and 2,521 illegitimate, being in the proportion of one illegitimate in every 10·4 births, or 9.59 per cent. of the births as illegitimate; and corresponding closely with the results of previous quarters.

Dr. Isaac I. Hayes, commander of the late Arctic Exploring Expedition, has been nominated by the President for the post of Brigade Surgeon, and confirmed by the Senate.

## VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, April 19th, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 31 | 47 | 78 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 36.8 | 39 0 | 75 8 |
| Average corrected to increased population, | .. | .. | 84.55 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 13 | 0 | 1 | 7 | 6 | 0 | 0 | 0 | 1 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending April 5th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.075 | Highest point of Thermometer, | 51.0 |
| Highest point of Barometer, | 30.388 | Lowest point of Thermometer, | 24 0 |
| Lowest point of Barometer, | 29.350 | General direction of Wind, | E.S.E. |
| Mean Temperature, | 39.2 | Am't of Rain (inches), | 0.30 |

Pamphlets Received.—Dr. E. H. Parker's Annual Address before the Medical Society of the State of New York and the Members of the Legislature.—A Description of Dr Lambert's newly-invented Tourniquet, for the use of Armies and Employment in Civil Life.—Advance sheets of Dr. L. Marshall's unpublished work on "The Action of the Voluntary Muscles."—Dr. W. E. Coale's Essay on Aneurism, re-published from this Journal.—The Surgical Adjuvant, and Reporter of Surgical Apparatus, Artificial Limbs, &c. By E. D. Hudson, M.D., New York.

Died,—In Watertown, April 15th, Hiram Hosmer, M.D , 63 years 7 months.—In Hinsdale, Dr. Benjamin F. Kittredge, one of the oldest practitioners in Western Massachusetts.

Deaths in Boston for the week ending Saturday noon, April 19th, 78. Males, 31—Females, 47.—Apoplexy, 1—disease of the brain, 1—bronchitis, 3—burns, 1—cancer (of the ear), 1—cholera morbus, 1—consumption, 13—convulsions, 2—croup, 1—diphtheria, 1—dropsy of the brain, 5—drowned, 1—epistaxis, 1—erysipelas, 2—scarlet fever, 7—gangrene (of the leg.) 1—disease of the heart, 1—infantile disease, 2—intemperance, 1—intussusception, 1—disease of the kidneys, 1—laryngitis, 1--congestion of the lungs, 1—inflammation of the lungs, 6—measles, 3—old age, 2—pertussis, 1—premature birth, 2—puerperal disease, 2—sore throat, 1—suicide, 1—unknown, 9—worms, 1.

Under 5 years of age, 39—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 56—Ireland, 15—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CASE OF POISONING BY STRYCHNIA.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I am induced to report the following case of poisoning by strychnia, from having read the statement in the *New York Times*, that the pirate Gordon took strychnia, and suffered from convulsions and lockjaw, and that his agony was so severe as to require the intoxicating effects of whiskey, in order to save his life, from 4, A.M., till noon, the hour fixed for his execution. Was this a *ruse*, to screen the making a wretch *dead drunk* while he was being hung? Or did the City Prison physician really suppose whiskey to be the only agent to counteract the effects of this poison? In either case, my report may be *apropos*.

Case.—Margaret M., servant girl, aged 20, ate a hearty dinner at 1, P.M., Feb. 27th, 1862, walked a half mile, and bought some strychnia. In answer to her question, how it was used in killing rats, the druggist told her to rub it fine and mix it with meal. Going to an aunt's house, where she occasionally staid, she soon found an opportunity to pour some out in her hand, rub it as fine as she could with her fingers, and take it. This was about 2.20, P.M. She soon complained of severe headache, rose up and walked rapidly around the room, then fell to the floor with a sharp cry, and had several violent convulsions. Her aunt bathed her face in "Huse camphor," when she became quiet. In a few minutes, the spasms returned, and the aunt ran to the neighbors for help. During an interval of the attacks, the girl was helped up stairs, and seeming to be quite relieved, she was left alone. She now took another dose—thinking, as she said afterwards, the first would not kill her. Convulsions soon recurred, "the head was jerked backward, the limbs extended, and the whole body perfectly stiff." Her agony becoming extreme, and being charged with having eaten something, the girl finally admitted what she had done. Salt and mustard were given her, with which she seemed nauseated, when I saw her at 4½, P.M. She asked me not to touch her head, "as it would jerk it back so."

As I touched her wrist, a very severe spasm ensued. Anticipating this, I had some chloroform ready on a handkerchief, and applied it to her mouth and nose. The rigidity was so great as almost to stop respiration, but a few feeble inspirations quickly allayed the attack. I now gave an emetic, and renewed the chloroform from time to time, so as to prevent any decided convulsion. At 7 o'clock, I gave six grains of iodide of potassium, with four drops of tincture of iodine; at 9, gave five grains of calomel, with one third of a grain of the sulphate of morphia, followed by salts and senna in the morning. During the night, there was great muscular soreness, burning heat of the stomach and bowels, and vomiting of ropy fluid, which gradually abated, till in a few days the patient was well.

At my request, she poured out into my hand amounts of strychnia equal to those which she had taken. One weighed seven, and the other six grains, these consisting of pure crystals. Being mingled with her dinner, the poison was doubtless but slowly absorbed, so that she got the effect of but a part, at any one time, and a portion of it was probably ejected in vomiting. The iodide of potassium may have had no effect in neutralizing the poison, but the camphor and chloroform were probably far more effective than would have been the freest use of the best old Bourbon!

While treating a paraplegic patient, in May, 1855, with strychnia, its effects would occasionally extend to the upper portion of his body. My patient fancied he had better use of his limbs after such action, and would sometimes take his own dose. He would bear from one to one and a half grains, before the effect would pass from his legs. From two to three grains would produce complete rigidity, but it was uniformly controlled by bathing the face with spirits of camphor, and taking a few drops internally. Once he took four grains, and then the camphor failed, but chloroform at once arrested the convulsions. My patient was incurable, and I allowed him to please his fancy, while I satisfied myself as to some of the effects of strychnia, and in the influence of camphor and chloroform over them. Since then, several articles have appeared in your JOURNAL confirming my observations, and I can hardly account for the want of such knowledge as is implied in the newspaper report of the case of Gordon. Yours &c.,

*Warren, Ohio, March 19th,* 1862. JULIAN HARMON.

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## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 251.]

3. ANTIPATHIC TREATMENT; from *ανιὶ*, against, and *Πάθος*. This mode of treatment is the reverse of that last described, and consists in the use of medicines which produce symptoms the reverse of, or opposed to, those manifested by the disease. Thus, constipation is opposed by cathartics; the want of sleep and spasmodic affections

by anodynes and antispasmodics; heat, by cold, and the reverse. Within the last century, two systems of practice have been offered to the profession, each of which assumed this mode of practice as the principle upon which it rested. These were, the Brunonian theory, by John Brown, of Edinburgh; and that of Rosari, the distinguished Italian physician. In both of these systems, diseases are divided into two classes; one of high excitement, the other of defect of excitement—the former demanding the use of remedies that depress; and the latter, medicines that excite the vital powers. Both of these systems, after a short-lived reputation, have passed away, and have become mere subjects of history. The antiphlogistic treatment of disease is founded on the same principle. This practice, until within a few years, has been generally approved and adopted by the profession at large. In this place it may be interesting to notice the changes or revolutions that the practice of medicine has undergone in little more than a century and a half.

Stahl, an eminent chemist and physician, commenced his medical career near the beginning of the last century; I have noticed the fact that his views of life and disease produced a great revolution in the theory of medicine, by directing the attention of physicians to a study of the vital powers. The effect of his system was quite as great in the practice as in the theory of medicine. Previous to his day, the prescriptions of physicians were compounded of the greatest variety of substances that earth, air and sea produced. His doctrine of Autocratoria, according to which the living system possessed in itself an intelligent principle of self-preservation, greatly simplified the practice of medicine. He and his disciples not only discarded complexity in their prescriptions, but went to the opposite extreme of rejecting medicines of established utility, and left almost everything to the curative powers of nature. Dr. Cullen, who was the successor of Stahl by several years, makes the following commentaries upon his practice:—"Trusting much," he says, "to the constant attention and wisdom of nature, they (Stahl and his adherents) have proposed the art of curing by expectation; have therefore for the most part proposed very inert and frivolous remedies; have zealously opposed some of the most efficacious, such as opium and Peruvian bark, and are extremely reserved in the use of general remedies, such as bleeding, vomiting, &c." And again, "I might carry my remarks a little further, and take this opportunity of observing that in whatever way we may explain the operations of nature, it appears to me that the general doctrine of '*nature curing disease*,' the so much vaunted Hippocratic method of curing, has often had a very baneful influence on the practice of medicine, in either leading physicians into, or continuing them in a weak and feeble practice; and at the same time superseding or discouraging all the attempts of the art. Although it may sometimes avoid the mischief of bold and rash practitioners, yet it certainly produces that caution and timidity, which have ever opposed the introduction of new and efficient remedies." And further, "It must be sufficiently obvious, that although the *vis medicatrix naturæ* must unavoidably be received as a fact; yet, whenever it is admitted, it throws obscurity upon our system; and it is only when the impotence of our art is very manifest, that we ought to admit it in our practice."

Few physicians have exercised greater influence over the profession in this country and in England, than Dr. Cullen. "As the basis of his system," says Dr. Good, "he took the hypothesis of Stahl, modified and improved by Hoffman, and on this basis created his stately and elaborate structure, so well known to the medical world, full of ingenuity and daring genius, and which if it be at this time crumbling into decay, certainly is not falling prostrate before any fabric of more substantial materials or more elegant architecture." In practice, Dr. Cullen led the way in a direction opposite to Stahl. Dr. Rush, in this country, did much to recommend the same mode of practice. During the first third of the present century, the antiphlogistic or heroic practice was brought to its culminating point. It is but little more than forty years since Dr. Armstrong published his famous work on typhoid fever; in which he announced that the lancet was the right hand and calomel the left hand of the physician. And as late as 1830 Dr. Southwood Smith, in strong, figurative language, compared the physician with his lancet, at the onset of fever, to a fireman at the small beginning of a fire.

Such was the practice of medicine when I entered upon the profession. At that time, most medical authorities regarded acute disease as inflammatory, or as a state or condition of unnatural excitement. According to Dr. Rush, "The causes of all diseases consist in excessive or preternatural excitement in certain parts of the human body, accompanied generally with irregular motions, and induced by natural or artificial stimuli or irritants." "The cure of all diseases depends simply upon abstraction of stimuli from the whole or from a part of the body when the motions were in excess, and increase of stimuli when the motions were moderate." Such were the views, with some modifications, that prevailed at the time referred to. Inflammation or preternatural excitement was regarded as an evil to be put down by the most energetic measures. Consequently, bleedings, neither few nor small; calomel and antimony without stint; cathartics, without regard to bowels either of flesh or of *mercy;* and blisters, without thought of smarting of skin or scalding of urethra, formed the daily routine and the duly *authorized practice* of the physician. And, again, behold the change which has taken place in the views of physicians. Most acute diseases are regarded as self-limited; the curative powers of the system are sufficient for their own work, and there is little left for the physician to do, but to stand by and guard against the officious interference of friends.

Thus very briefly have I endeavored to present the varying and opposing views of physicians within a little more than a century and a half. Within this period we can observe not less than three revolutions in the practice of medicine. First, we have the revolution effected by Stahl, whose views of disease and its treatment greatly influenced the physicians on the continent, and more or less those of Great Britain. Next came Cullen, with his fascinating system, swaying the minds of all who came within its influence. And, lastly, we have the practice of Stahl, revived by some of the leading minds of our own time. Medical practice, during this period, may be compared to a pendulum; extreme inertness of practice on the one hand, and boldness on the other, being the points between which it has been vibrating. Upon these two extremes of medical practice, constituting the autopathic and antipathic modes of treatment of this paper, I will here offer a few remarks.

In regard to inflammation of internal organs and common fevers, the prevailing error has been, that the symptoms by which these diseases are manifested, are regarded in themselves as essentially evil. If, by any means, a portion of the cellular or muscular tissue is destroyed, immediately the process of inflammation is set up, suppuration, granulation and cicatrization follow in regular course, and the injury is repaired. From some cause, usually undue exposure to cold, an injury is done to the lungs, and their integrity or normal condition is impaired. In consequence of this injury, inflammation occurs, certain processes or changes take place, and in a majority of cases, if left to themselves, would terminate in health, although often through much suffering. The former we call healthy inflammation, the latter we call disease. Why is it that physicians take such a different view of these two cases? One reason undoubtedly is, that the final cause for which the inflammatory process is set up in the former case is manifest; but in the latter case, the whole process being out of sight, the final cause is not so obvious, and the whole matter seems a mystery. Another reason is, that the internal affection has its seat in a vital organ, and is often so violent as to destroy life. But the essential difference between the two is, *that the former is primarily* injury of structure, the *latter of the dynamic powers.* But in both cases, the inflammatory process is set up for the same final cause; that is, a restoration to a normal state. Physicians are often so much engaged in observations upon what can be seen, and what can be heard, that they do not notice or think of the agencies which are beyond the ken of their senses. In inflammations of internal organs, our attention is arrested by the changes produced in the vascular system, and the organic changes resulting therefrom; and we are too apt to overlook the important fact, that there are dynamic changes, in which the nervous system performs a most important part, which are anterior to the changes in the vascular system. It requires but little reflection upon facts daily passing under our observation, to satisfy us that the nervous system is a most important agent in all acute diseases. It matters not, whether, with Cullen, we call the power or agency residing in the nervous system, the Energy of the Brain; or, with Darwin, the Sensorial Fluid; or, with more recent physiologists, we regard it as a Vital Electro-Magnetic power—the fact of its existence cannot be questioned. And when we consider the important part that the nervous system takes in the organism, as the agent by which all impressions are made both from without and within, whether affecting body or mind; as the medium by which the several parts are united into one harmonious whole; and as the power by which these wonderful and inscrutable actions are maintained, as manifested in the various animal functions, we cannot overrate its importance in all conditions of the system, whether normal or abnormal.

If the foregoing remarks be admitted to be well founded, it will follow that the causes producing fever, and the causes producing inflammation, though differing in other respects, as I shall in another place attempt to explain, make their first impressions on the nervous system; and thus the tumult which follows in the vascular system is but the consequence of the impressions made on the nerves, and is a manifestation of the efforts made by the system to relieve itself of the difficulties under which it is laboring. In regard to fevers, we know that the impressions made by the causes producing them, are sometimes so strong as to strike the patient down at once, or in a few hours, without any or a very imperfect reaction having been produced in the vascular system. And in most fevers and inflammations, a violent chill or a violent formative stage is the precursor to a violent and dangerous affection. If the views here presented be correct, it will follow that we are not to regard internal inflammation as essentially evil; but, on the other hand, in certain abnormal states of the system, inflammation is to be regarded as a natural process, and as essential to the preservation of the system as the processes of digestion or assimilation are in a state of health. And as a farther consequence, it will follow that the practice that aims ONLY at the breaking up or destroying of inflammatory action, *at all hazards* and *by the most active means*, is both unnatural and unphilosophical.

I by no means intend to maintain that the antipathic practice is never useful. This would be a contradiction of the experience of every practical physician. In cases of violent and extensive inflammation, occurring in patients of robust constitutions, especially if free livers and of plethoric habits, the efforts of nature may become so violent as to destroy life. In cases of this description, the experience of ages has satisfactorily proved, that there are no means so effectual in restraining such excessive action as bleeding and the other common antiphlogistic treatment. But I am persuaded that the number of cases in which such practice is necessary is comparatively small, sufficiently so to form the exception and not the rule of practice; and I am equally persuaded that the same results can be obtained in a large majority of cases of inflammation quite as surely and quite as quickly, and more safely and pleasantly, by the milder treatment already noticed.

The benefit of local bleeding in parts removed from the centre of circulation, and in tissues possessed of a low degree of vitality, in a state of inflammation, is too well established by experience to be questioned. Moreover, we sometimes see affections of the head relieved by bleeding from the nose; of the peritoneum and the womb, by menorrhagia; and hæmoptysis, alarming as it is as a symptom, is not unfrequently a relief in congestive states of the lungs. Hæmorrhage, therefore, is one of nature's modes of relieving disease, and therefore it would be unwise in any physician to discard it in his practice. Equally unwise would it be for a physician to discard other agencies included under this mode of treatment, since nature sometimes adopts them, and experience has fully established their efficacy. The use of cold water in local inflammations, and the more general use of it in febrile affections, has long been adopted with benefit by the profession. But the freezing process, as a remedy in local inflammations, has not, to my knowledge, attracted much attention in this country. I have used it in several cases of inflammation of the knee with signal benefit, and I believe that it will be found a valuable addition to the list of remedies in use, in similar cases. In this mode of treatment are included stimulants in opposition to a state of debility. Of the utility of these articles, there can be no question, and comment will be useless.

In opposition to the antipathic, we have the autopathic, already described. The latter mode of practice could be relied upon solely, if the self-preserving power of the system was perfect in itself, and sufficient for all emergencies. Unfortunately for our race, our profession owes its support to the weakness and imperfection of the body. We recognize the autocratic power most distinctly in the self-limited diseases. Of this class, we can observe some that are definite in their character. 1st. Of this kind are the mumps, chickenpox, measles and smallpox. In regard to these diseases, we can foretell, after exposure, the day of attack, development, and decline, and any attempt to check or control these diseases in their natural course may be disastrous in its consequences. 2d. Others that are indefinite. Of this kind, with many others, we can rank all internal acute inflammations which are indefinite in attack, development and duration, but which, if left to themselves, in a majority of cases would terminate in health, although often through much suffering. In affections of this kind, the physician can do much to diminish their severity, aid the efforts of nature, and hasten them to a favorable termination. If I mistake not the signs of the times, the tendency, at the present day, is to carry the autopathic practice to an extreme. I have known physicians who not only withheld medicine, but almost refused food to their patients, or attempted to support them on infinitesimal portions of food. I have known one person, who was kept on boiled rice until the very name of it was revolting. I have heard of children kept on arrow-root without salt, until their stomachs were nauseated at the very sight of the cup. This starving out of the enemy is worse than open assault. In plain terms, this practice is cruel and unnatural, and although negative in its methods, is so positive in its effects as to entitle it to a place with that which has been called heroic. I have seen as much mischief resulting from excessive abstinence as from excessive bleeding. I know one individual, whose life was endangered by this extreme regimen; and I know more than one who has suffered for many years, and while life remains will continue to suffer, from dyspepsia from the same cause. The fact is, that nutrition, liquid or solid, is demanded in all conditions of the system; and food, sufficient in quantity and of a kind to support the body, is needed for all recuperative processes, quite as much as it is for growth and the preservation of health. The remark of Cullen, quoted before, seems applicable to some physicians of the present day;—to wit, that "it certainly produces that caution and timidity which have ever opposed the introduction of new and efficacious remedies." A constant regard for the curative powers of nature, by physicians of the present age, in their daily practice, is a great improvement on the practice of the physicians who lived near the close of the last century, who seemed to regard any attempt on the part of nature to cure, as an improper interference, and an encroachment on their chartered privileges. Let us not flatter ourselves, however, that in a just appreciation of "nature in disease," we have reached the boundaries of the medical art. As already stated, the purely dynamic diseases are self-limited, but admit of relief by medical treatment. If the same remark is not true of other self-limited diseases—such as typhoid and scarlet fever—it seems to me to be a reason for the physician being ever diligent and unwearied in searching for the means of relieving them of their terrors. When we are obliged to watch a patient through a distressing and lingering disease, without being able to render any relief, it seems to me a tacit acknowledgment of the imperfection of our art.

4th. Allopathic mode. From *Αλλος* and *Πάθος*. The word *Αλλος*, in its original, means either another or other. In the latter sense it was used by Hahnemann. According to his view, the homœopathic mode was the only true or orthodox practice; all other practice (*Αλλοι*) was allopathic or heterodox—a sense obviously offensive. It is in the former sense, which is the more common, that it is used in this paper. By allopathic treatment, I mean that treatment by which one disease is cured by exciting another disease in another part. Allopathic remedies are those which excite irritation, eruptions or sores on the skin; and include mustard, tartrate of antimony, cantharides, caustic, &c. Under this head, I include emetics when used to resolve inflammations in distant parts, as buboes in the groin; also cathartics, when used as derivatives to relieve affections of the head and other parts. It may be observed, in regard to cathartics, that they are included under each of the three modes of medicinal treatment that I have noticed. Given to relieve diarrhœa, they are homœopathic; to relieve constipation, they are cathartics; to relieve affections of distant parts, they are allopathic. It is unnecessary for me to dwell long on this mode of treatment. Of its value, no sensible physician can entertain a doubt. We have the testimony of physicians of all ages and all countries in favor of this practice; and it has the higher recommendations of being one of the methods adopted by nature to relieve itself. Every physician of experience can recal cases of internal affections, which, after the use of a great variety of medicines, have been unexpectedly relieved by an eruption on the skin; or of ailments, of years' continuance, which have been permanently cured by the formation of a large abscess.

I have thus endeavored, as briefly as possible, to describe the different dynamic modes of treating disease. As observed in the beginning, these different modes are imitations of the methods used by nature in relieving diseases of this description. Thus, the most common natural mode of relieving disease is through the common excretions. The treatment which cöoperates with nature is the homœopathic mode; nature also relieves by exciting preternatural discharges or hæmorrhage from different organs; and the abstraction of blood may be taken as an illustration of the antipathic mode. Lastly, nature cures one disease by exciting another disease in another place; in imitation of this, we make use of external irritants and artificial sores, and this is allopathic treatment.

If our constitutions were perfect and possessed an autocratia, which would, with almost unerring certainty, restore them from all deviations from the normal state, there would be but little left for the physician to do. If ever needed, it would be to guard against all interference with nature, or to cöoperate with her in her curative efforts. But the efforts of nature may be so violent as to endanger life, and therefore need restraint. Or they may be either wanting, or so defective as to need excitement. For it is evident that it is the want of this power which renders some fevers suddenly fatal; and its defective character in some inflammatory affections, which renders them chronic, lingering, and sometimes fatal. In the present state of the medical art, no one mode of treatment can be adopted solely, to the exclusion of the others.

In the management of dynamic disease, we should take into consideration all the modes of treatment that have been described, and very conveniently in the order in which they have been presented. 1st, We are to inquire—will medicine do any harm by interfering with the curative efforts of nature? 2d, Can medicine be used which will cöoperate with nature? 3d, Are natural efforts too violent, and do they need restraint; or are they defective, and do they need excitement? 4th, Will benefit be derived by exciting a preternatural disease? By adopting this general plan of treatment, and observing the rules laid down under the autopathic mode, we shall do all that we can do with our present knowledge, and in most cases bring our patients to a successful issue.

[To be continued.]

## Selections from Medical Journals.

WINTER MARCH OF BRITISH TROOPS TO CANADA.—Late numbers of the London *Lancet* contain an interesting account of the conveyance of several thousand soldiers, in mid-winter, of the present year, from Halifax in Nova Scotia to Canada. It is drawn up by H. Chalmers Miles, R. A., of the Royal College of Physicians of Edinburgh, in medical charge of the 7th Brigade batteries. The account is one of peculiar interest at the present time, when our own soldiers, in warmer regions, however, are continually required to be conveyed in large bodies from point to point. The conveyance was first by water from Halifax to St. John, N. B. There the troops started in sleighs, each having four seats with two men in each seat, and drawn by two horses. About 30 of these sleighs started daily, carrying 160 men, with their baggage. The stations for stopping at night were all designated and prepared in advance, a "troop hut" with proper conveniences being erected, and a medical officer remained permanently at each station during the whole passage of the troops, besides the one accompanying each party daily on the route. On platforms within these huts, extending on both sides their whole length, which was 80 or 90 feet, thick fir boughs were spread for the men to sleep upon, forming a bed far superior to straw mattresses. Telegraphic despatches were sent back at the close of every day's march, concerning the state of the roads, the hour of arrival, accidents, &c. The stations were ten in number—and, with the distances apart, forming each day's journey, were as follows:—St. John to Petersville, 30 miles; Petersville to Fredericton, 36 miles; to Dumfrieze, 32 miles; to Woodstock, 33; to Florenceville, 23; to Tobique, 25; to Grand Falls, 24; to Little Falls in Canada East, 37; to Ft. Ingall, 39; to Rivière de Loup, 40. The amount paid for transportation over the 319 miles, was 2*d.* sterling per mile for each soldier. The Grand Trunk Railway was taken at the latter place.

Ample provision was made for the clothing and rations of the men. Each man had two blankets, one of which was doubled and sewn up at the side and one end, forming a blanket sack, which was found of great use. Sheep-skin coats, or buffalo robes, two for eight men, were also supplied, as well as the usual flannel shirts, woolen stockings and drawers, fur caps, &c., and, to some of the troops, chamois-leather jackets. The daily rations were, for each man: "One pound and a half of bread or biscuit; one pound and a quarter of fresh meat, or one pound of salt meat; one-third of an ounce of ground coffee; one quarter of an ounce of tea; two ounces of sugar; one third of an ounce of salt; half an ounce of pepper; half a quartern of rum: at a stoppage of 6*d.* sterling per man daily." In addition to this, the men had it in their power to purchase extra comforts at the various stopping places, and much more than the daily rations was probably eaten and drank by the men, the intense cold rendering it desirable if not necessary. About half way between adjoining stations each party made its mid-day halt, dinner was eaten, the grog served out, and the horses fed. The stations for the night were reached between 5 and 6, when tea was prepared in the huts, the rations for the next day cooked, and the tattoo sounded for bed at 8. The men were generally up before day-light, breakfasted, and were stowed away in their sleighs at 8. Mr. H. is doubtful of the necessity of the spirit-ration to troops under any circumstances—believing that in heat or in cold, in fatigue or at rest, that man is the best soldier or seaman who recruits exhausted nature without a resort to the Indian's "fire-water." He was not responsible for its allowance to the men under his charge.

The weather, during the passage of the 7th brigade, was unsettled, with heavy falls of snow, till Fredericton was reached, when bright and intensely cold days succeeded, the glare of the sun's rays reflected from the glistening snow painfully affecting the eyes. On approaching Little Falls, the sky was again overcast, the atmosphere was humid, and the men looked chilled and benumbed. On the confines of Canada snow again fell, but the last day of the journey was dry and cold. The temperature of the weather (a point of much interest in this transportation of troops belonging to a temperate clime), under Mr. M.'s observation and during the hours of exposure to the open air—viz., between 7, A.M., and 6, P.M.—varied from 32° below zero, Fahr., to 22° above zero. The lowest degree of cold was felt between 7 and 9 in the morning and in the shade; the greatest heat, between 1 and 2 in the afternoon, and in the sun. During the night and in the early morning, the thermometer was at times as low as 38° below zero. *Moist* cold, at 10° or 12° below zero, was found worse to bear than dry cold at 25 or 30° below, provided there was no wind. Only one case of frost-bite occurred, and that was caused by water being spilt upon a man's stocking before he put on his moccasin in the morning, the thermometer being at 18° below zero.

Mr. M. mentions it as a remarkable fact, and one reflecting the highest credit on those who had the management of this march of an army over a frozen desert of snow, extending through several weeks, that not a single death was caused by it, and all the sanitary arrangements by the medical authorities were thoroughly effective.

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BROMIDE AND IODIDE OF POTASSIUM IN EPILEPSY. *Cases and Clinical Remarks by Dr. Wilks.*—In reference to the subjoined cases Dr. Wilks has favored us with the following clinical remarks:—It is well known that epilepsy or epileptiform fits may result from various causes, existing both within and without the brain; dependent, that is, upon organic changes of structure or upon the condition of blood circulating through the organ. As so many causes produce epileptiform symptoms, it is necessary to ascertain in the first instance how the term is to be defined. Now-a-days it is pretty generally admitted that epilepsy is a disease which exhibits on the *post-mortem* table no structural change. Moreover, it is a disease which may last for years, and leave the patient in tolerably good health in the intervals of the fits. Very different, however, are the convulsions arising from organic disease of the brain, which can only endure for a limited period, and then sooner or later have other symptoms to accompany them. So also "fits" arising from impure blood and from renal suppression. With this general understanding of the subject, although during life, from the obscurity of the symptoms, history, &c., it may be a question as to the existence of true epilepsy or not; yet if on *post-mortem* examination we find a diseased kidney or an organic disease of the brain, we may come to a correct conclusion as to the nature of the case, and we style that alone epilepsy where no marked organic disease is found. Generally speaking, tumors in the brain show other symptoms sufficiently diagnostic. The most difficult cases to distinguish from pure and simple epilepsy are those where either from disease of the bones of the cranium or membranes, an adhesion occurs between the latter and the brain, which produces a class of symptoms not distinguishable in many instances from true epilepsy. Bright very sagaciously observed that in epilepsy arising from a local cause, where the whole brain is not affected, consciousness often remains; this no doubt is often true, but whether a sufficiently marked symptom to afford the basis of a diagnostic difference been this form and others, we can scarcely say.

We have made these remarks in order to explain, as we think, a treatment which is singularly efficacious in those cases of epilepsy which are due to a local affection arising either from syphilis or injury. Every practitioner could quote from his experience cases where a most remarkable success has resulted from the use of iodide of potassium when the cause appeared to be syphilitic, and also now and then a case where a course of mercurials cured the patient. As it is, however, often difficult to recognize such a cause, we have of late years, before commencing the ordinary and most approved anti-epileptic remedies, begun the treatment with the iodide or bromide of potassium. We formerly gave the iodide, but subsequently changed it by way of experiment for the bromide, on account of having seen better results with the latter remedy in cases of bronchocele and glandular swellings. About this period, also, the bromide was recommended by Sir C. Locock as a remedy having some influence over the ovary in females, and therefore curative of those epileptiform affections which might be due to an irritation of this organ. Although this theory was questionable, yet if it were founded on any facts showing the efficacy of the remedy, this was an additional reason for adopting it; and we thought it equally good for all cases, whether men or women. Since using this remedy, Dr. Wilks added, now for two or three years, and in a large number of cases, he had undoubtedly had more success than heretofore, being fully aware, he said, of the remarkable fact that epileptics generally seem to be better on any new remedy, whatever its nature may be, and, also, that should it exert a real influence, the benefit is often only temporary. The *rationale* of this success is connected, we imagine, with the remark just now made, that many cases of epilepsy depend on a local affection of the bones or membranes, which the remedy removes by its absorbent powers.

Not that we can prove the existence of any such cause in most instances, but knowing the value of the medicine where such cases do exist, we have explained its *modus operandi* by its selecting out these cases for cure. That epilepsy may exist for several years, and only at death a local cause be found, we know from several instances, and in such there has been no difficulty in discovering a history of injury at an early period of life. Another explanation for an occasional cure by this remedy may be found in the fact, that fits arise sometimes from lead poisoning, and that the iodide or bromide of potassium is instrumental in eliminating the poisonous metal from the system. In two or three cases we have seen epileptiform fits arising from lead poisoning, and in which the iodide of potassium was used with success. In this way it may sometimes have been supposed to have cured epilepsy.

Knowing how apt we are to be deceived by the operation of a new remedy, I do not speak more peremptorily on the subject, but add a few cases ; only stating that I continue to use it in all new cases which come before me, believing it to be wise to adopt some such remedy in the first instance.

*Case* 1.—Cecilia D., aged 22, came to the Hospital in April, 1860. Her mother accompanied her, as she was unable to find her way and was childish in her manners. The former, indeed, never left her night nor day, as she generally had two or three fits a day. They had existed many years, but for two years had occurred daily. She had more than once fallen into the fire and burned herself. She was ordered five grains of bromide of potassium three times a day. The fits soon began to grow less in number, but the improvement was not very marked until her visit on June 6, when she had had no fit for three days and in the following week, the 13th, had had none. After this they occurred at long intervals. She persisted in the medicine, with the exception of a week or two, and the report was, on October 24, "No sign of a fit for two months." At the end of another month, there having been no attack and her health improved, she ceased to attend. On February 13, 1861, she came again to the hospital ; she had remained well ever since (nearly six months) until a few days before, when, having lost a brother suddenly, she was seized with four fits in succession. She commenced the same medicine again and persisted in it for six weeks, until her letter was out, when, having had no return of the fits, she was dismissed. This girl thus not only lost her fits, but became more robust and in better health ; a fact, Dr. Wilks said, he has noticed in similar cases, that as the disease recedes so does the health improve. In this particular case it might be thought that with such a striking result some syphilitic taint was present, but none such was discoverable.

*Case* 2.—Amy M., aged 13, came as out-patient, with fits, in March, 1860. She took bromide of potassium in three-grain doses, and the fits soon ceased. At the end of three months, none having occurred, she left. This case is unsatisfactory, as a long interval sometimes intervenes between the attacks.

*Case* 3.—Alfred C., aged 36, a worker in lead, came to the Hospital on June 13, 1860. He was a very feeble man, had a remarkably sallow or waxy complexion, and a blue line on the gums. He had fits and some hesitation in his speech. He took the iodide in three-grain doses, and left at the end of two months in much better health, and with a cessation of the fits.

*Case* 4.—Francis K., aged 34. For two years had been subject to fits. At first they appeared at long intervals ; afterwards, about once a month, subsequently about twice a week. He stated that he fell without any notice, and struggled violently. He was ordered the bromide, and when he left, in December, 1860, he had had none for ten weeks. He was seen some weeks afterwards, and he stated that he had had a slight warning twice, but never a decided paroxysm.

*Case* 5.—Louisa C., aged 54, came to the Hospital on November 21, 1860. She had been subject to fits for about a year, and of late had

had several a day. Ordered four grains of the bromide. On January 2 she had had on an average about one fit a week. On January 16 had had two fits. She had none after this until she left, at the end of February. Several months afterwards Dr. Wilks saw this patient, and she had had no symptoms of a seizure, and then it seemed, on whatever cause they were dependent, that she was absolutely cured.

*Case* 6.—Agnes J., aged 26, came to the Hospital on November 14, 1860. She had had fits ever since ten years of age, and on an average had had one a week. Of late they had been more frequent, and having had four in ten days, she applied for advice. She was ordered three grains of the bromide three times a day. The fits soon begun to decrease in frequency, and when she left in January she had had none for a fortnight. This case is unsatisfactory.

*Case* 7.—Martha L., aged 29. She came on December 19, 1860. She was said to have had fits only for eight weeks, which, as far as could be learned, appeared to be truly epileptic. She had had nine in the week previous. She was ordered the bromide. She had only one fit since, on January 9. They then ceased altogether, and when she gave up her letter at the end of the month had no return. This case also is unsatisfactory.

*Case* 8.—Henry Y., aged 40. He came to the Hospital in September, 1860. He had fits daily, sometimes two or three a day. He was ordered three grains of the bromide three times daily. The patient, after a time, improved considerably, but being an old case, the medicine was persisted in. At the expiration of four months, in January, 1861, he had had only eight fits since the commencement of the medicine, and had had none for three weeks. He continued until the end of the month, when, having no return of the fits, he gave up his letter.

*Case* 9.—Jane E., aged 22. She came to the Hospital on December 19, 1860. She had had fits for a year, and at various intervals, sometimes two or three a week. She took the bromide for two months, and then gave up her letter, having had no fit during this time, and only on one occasion symptoms of one. This case is also unsatisfactory.

*Case* 10.—Valentine M., aged 7. This was a very bad case of epilepsy. He had had several fits daily for the last three months. He took the bromide for three weeks with no improvement, afterwards zinc, and other remedies, but without success. He then desisted from all medicine. In the course of a week or two the fits spontaneously ceased, and three months afterwards he had only had slight symptoms. Unsatisfactory as regards the bromide.

*Case* 11.—Charles S., aged 10. He had suffered from fits for two years. They sometimes occurred daily, but occasionally at a week's interval. On one occasion he was free for two months. Before coming to the Hospital he was much worse. Ordered the bromide, which he continued for three months, when, having none after the first fortnight, he ceased to attend.

*Case* 12.—George F., aged 19. His fits commenced two years ago. Generally, they occurred daily for several days, and then ceased for a few days. Ordered the bromide. This young man continued under notice for several months, and was upon the whole considerably better, though the fits occurred occasionally. When last seen had had none for more than two months.

The following case lately occurred in the Hospital :—

*Case* 13.—John S., aged 33, was admitted on June 5, 1861, for epilepsy. He was at the same time very cachectic ; he was thin, and his mind was dull. He said he had had fits for one year and a half. He had had pain in the head. He was too feeble to rise from his bed, and at a few days' intervals had epileptic attacks of a very severe character. He had various treatment until August, when he was much worse ; he had seven fits in one day, and in the intervals was delirious. He was then ordered ten grains of the iodide of potassium three times a day, and at once began to improve. The fits left him ; he became stronger and stouter, and left his bed. He continued the treatment for two months, when he left the Hospital, comparatively well.—*London Medical Times and Gazette.*

## Army Medical Intelligence.

*To the Surgeon-General.* NEWBERN, N. C., April 19, 1862.

DEAR SIR,—I should have written to you long before, but have been so hard at work in the Craven-street Hospital, of which I have the principal charge, under Dr. Bryan, Brigade Surgeon, that I could not find the time to seriously set about it. Soon after our arrival, I was stationed on the gunboat Picket, which fired the first gun and took the first prisoners in the action at Newbern ; and on Sunday, March 16, I was ordered to get the Craven-street Hospital ready for the reception of the wounded in that battle. The building was an old three-story warehouse, which had been used as a hospital by the Confederates. I found about one hundred bedsteads, with beds and coverings in a most filthy condition ; one man dead, and another dying, left by the rebels in their hurried flight. I impressed about a dozen contrabands, and had the building scrubbed from top to bottom, and all the beds and clothing aired and sunned. I had nothing to eat all day, and at night only a mug of tea without milk or sugar, and some hard bread ; afterwards resting in my clothes on a hard sofa. The next day the wounded came in, to the number of more than one hundred, some very gravely, but most slightly wounded. Had it not been for the clothing and necessary articles supplied by Mr. V. Colyer, of the Benevolent Association of New York and vicinity, the soldiers would have suffered much. There were no medicines here, except what the rebels left and a chest seized in the city. It was pretty hard work to attend to the wounded, without dressings, opiates, or stimulants ; but we got through (I and Dr. Woodhull, of the ninth New Jersey), and without serious accident. We sent home, at the time Dr. U. went, about seventy-five, in a very good condition, and about twenty-five more have since been sent.

The curious courses taken by the bullets are very remarkable, and such as would seem impossible ; the missiles flew like hail, and of every conceivable size, shape, and material, and have assumed the most fantastic forms in the body. Most seemed to be round balls, and the bones which they fractured were not comminuted, as a general thing. The penetrating wounds of the chest have all proved fatal but one ; this one was a case in which the ball entered on the right side about an inch and a half below and outside the nipple, and coming out in the middle of the sternum; the anterior part of the lung was wounded, with considerable bleeding from the mouth and from the wounds; the pain in breathing and the cough have been distressing, a semi-erect position being the only one in which he can rest. Opiates, stimulants (especially milk punch), and light nutritious diet, have kept him along to this, the thirty-sixth day; he has profuse and fœtid suppuration, and has been apparently sinking several times, but has rallied under the use of stimulants, and to-day he seems quite strong and free from pain.

Typhoid fever prevails extensively here, and of a very grave type; I find it hard to resist the opinion that it is infectious, but I suppose I must. We have just paid the last honors to Dr. DeWitt Lathrop, of the eighth Conn. The fever is treated here by quinine and whiskey, and beef-tea, almost from the commencement, but with no good results. I have not followed this practice, pursuing rather the expectant treatment, of refrigerant diaphoretics, and camphor and carbonate of ammonia instead of quinine and whiskey, and have had fewer fatal cases than those who pursue the stimulant method, which I am satisfied is wrong.

The weather here is delightful, like the July of Massachusetts—very hot in the middle of the day, but cool at night, especially towards 3 A.M. Roses are in full bloom, and other flowers are in their glory. Strawberries I have seen of good size. I think it is healthy enough here, if persons live as they ought. I have enjoyed, thus far, uninterrupted good health, and hope to keep it by attention to diet and avoidance of the causes of disease. The water here is very bad—very hard, and sometimes brackish, producing and keeping up diarrhœa. I have seen no intermittent yet, or any disease which can fairly be attributed to malarious influence. Woolen clothes are getting to be uncomfortable. Yours, &c. S. Kneeland, Jr.

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From the following extract from the letter of a correspondent at Ship Island, we learn that typhoid fever and dysentery are prevailing to a considerable extent in that region, and that there is a deficiency in quantity as well as quality of the drugs supplied:—"The entire change in the climate and manner of living of the troops on Ship Island has induced a very considerable amount of sickness in the different regiments. The men are all from the extreme Northeastern and Northwestern sections of our country, and require a residence of some little time in this zone to become acclimated. The diseases most prevalent are typhoid fever, dysentery, diarrhœa and affections of the throat. The surgeons have their hands full of business, and have attended to their numerous patients with a cheerfulness and devotion most creditable to their humane profession, and the result is, that the ratio of deaths to the amount of sickness is very gratifyingly small. Owing to the fact that the Twelfth Maine Regiment were so crowded and confined for six weeks, off and on, on the Constitution, and that they are mostly men who have been accustomed to pure air and healthy living all their lives, this regiment has probably suffered more from sickness than any other corps here. All but about two hundred have been more or less ill, and typhoid fever has prevailed to quite an extent. Drs. Thompson and Black have been unremitting in their attention to the sick, and the friends of the regiment will be glad to learn that from the time of its inception to the present, there have been but eleven deaths in the regiment. In this connection I wish to call attention to the moderate quantities of proper medicines with which military dispensaries, at so great a distance from home, are supplied. From personal observation, I know that surgeons are obliged to substitute drugs comparatively ineffectual for those which are desired, and, in fact, necessary. I have known a poor fellow to suffer several days a racking cough, from the entire lack of sugar with which to make a syrup."

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 1, 1862.

Death of Dr. Alley.—It is with sincere regret that we have this week to record the death of Dr. John B. Alley. The event was not unexpected either to himself or to his friends, as he has been for a long time in declining health, and, latterly, it has been evident that he could not long survive. The void occasioned by the death of Dr. Alley, not only in the ranks of the profession, but in the hearts of all who knew him, will not soon be filled. We all remember how for years he has faithfully stood by his post, when his strength was often well nigh exhausted, determined to shrink from no duty, so long as life remained, to further the interests of humanity ; and we can all testify to the scrupulous fidelity with which he performed the responsible and often arduous official duties that devolved upon him. It is probable that the state of his health did not permit him to share largely in private practice, but the Massachusetts Medical Society will cherish his memory for the able and faithful manner in which he has so long guarded its interests ; and the city of Boston owes him a debt of gratitude which can never be paid for his long and efficient services as Superintendent of the Boston Dispensary.

Besides holding the office of Secretary of the Massachusetts Medical Society, he was one of its Councillors, and had held many positions of trust, in this as well as other medical associations. Faithful in all that pertained to his professional duties, Dr. Alley was no less true to those principles which should guide us in our dealings with each other. A man of singular gentleness of manner, he seemed ever ready to do an act of kindness, and in all his social relations his bearing was marked by that consideration for others which always denotes the Christian gentleman. Much, however, as we mourn the loss of such a man as Dr. Alley, we may console ourselves with the reflection that he has passed from a life of suffering to the reward which is promised to the pure in heart.

We understand that the funeral ceremonies will take place at the Emmanuel Church, Berkley Street, on Friday at 12 o'clock, M.

We have already alluded at some length to the arrangement of the wards in hospital construction, a subject which has taken precedence of another point of great importance, which in proper order of development it would perhaps have been better to have considered first; we refer to the position of the pavilions with relation to the points of the compass. This, as we have already said, should depend upon whether the rooms in the pavilion extend through it from one side to the other, or whether there is a longitudinal partition-wall, with rooms each side of it. In the latter case, the pavilions should be so placed that one side may receive the morning and the other the afternoon sun; that is, its axis should be north and south. In the other case, it should be reversed, so that one broadside should, from sunrise to sunset, have the sun lying upon it.

With regard to their relative position, and the desirable distance between the pavilions, there has been much diversity of opinion. The first point should be regulated by the convenience of access, as far as it can be done, without interfering with any hygienic necessity. In the arrangement of the pavilions of the City Hospital, we do not think this has been sufficiently considered. The corridors leading from the central building not only diverge from it as a centre to each individual pavilion, but, to increase the grace and elegance of the ground plan (for this alone is improved by it), they go off in curves, increasing the distance to be traversed by the attending physician, and, what is still more important, the distance and time consumed by the suffering patient, after leaving the reception room, before he is housed, and in a comfortable bed in the proper ward. The physician, too, in order to get from one pavilion to another, without going into the open air, must return to the central building, taking this each time as his point of departure. All this may do very well for ornamental gardening and pleasure grounds, but is as incongruous in a hospital design as would be a hand-organ and merry-Andrew in the halls of legislation. This was not contemplated in Dr. Clark's design, which gives a simple straight line from one pavilion to the other, touching the central building in its course; and that suggested by Dr. Green, whilst enlarging the general design, arranges eight pavilions with their ends abutting on two opposite sides of a hollow square, thus affording every facility of access for physician and patients, both from the central building to each, and from one pavilion to another—a very important consideration. In this arrangement, Dr. Green has adopted the general design of the Hospital Lariboisière, which, with miserable defects in detail, and in working qualities, presents us with one of the finest general designs for a large hospital and all its essential requirements. To make the matter perfectly plain—and the difference between Dr. Green's plan and that adopted by the city—in the latter, the physician or patient, as the case may be, in order to get from the central building to either of the four pavilions (situated, we must very emphatically say, unnecessarily far from the centre and from each other), must go through a corridor, not on a straight line, but on a quadrant just 50 per cent. longer than it need be. And then for the attending physician, or house director, to get to the next pavilion, he must return by this quadrant, one third longer than it need be, and start on another of similarly protracted length. Dr. Green, in his plan, has remembered that a straight line is the nearest distance between two points, and has applied the same straight line for going from the central building to each pavilion, and from one pavilion to another. We leave common sense to judge between these.

SURGEON-GENERAL OF THE U. S. ARMY.—We are glad to learn that Dr. William A. Hammond has been appointed by the President to fill the important post of Surgeon-General. "No man," says the *Medical Times*, "could be selected who so happily combines in his professional relations the confidence and esteem of both the Medical Staff of the Army, and the profession of the country, as Dr. Hammond. A native of Maryland, but long a resident of Pennsylvania, Dr. Hammond entered the army as Assistant Surgeon, June 29, 1849. He remained in the army until 1860, when he resigned his commission, and soon after accepted the chair of Anatomy and Physiology in the University of Maryland, Baltimore. He also became an associate editor of the Maryland *Medical Journal*. On the breaking out of the rebellion several of Prof. Hammond's associates espoused the cause of the rebels, while Prof. H., true to his country, showed his active sympathy for her success in that dark hour of trial, by again entering the Regular Medical Staff.

"During the first period of service on the staff, Dr. Hammond occupied important and most laborious positions on our frontier; and that he was an acute observer, an efficient officer, we have abundant evidence in the valuable reports which he communicated from time to time to the Medical Bureau, and which have since appeared in the Reports of that Department. His contributions to periodical medical literature were also numerous and valuable. To the profession at home and abroad Dr. Hammond is best known by his physiological writings, which have placed him in the front rank of experimental physiologists. To our immediate readers he will be remembered as the author of a course of lectures on chancre, which appeared in the early numbers of the last volume of the *Medical Times*, and which attracted much and deserved attention."

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MIEDLESEX SOUTH DISTRICT MEDICAL SOCIETY.—At the Annual Meeting of this Society, held at Waltham, April 16, 1862, the following gentlemen were elected officers of the Society for the ensuing year:—*President*, Dr. W. W. Wellington; *Vice President*, Dr. John W. Osgood; *Secretary*, Dr. A. Hosmer; *Treasurer*, Dr. R. S. Warren; *Supervisors*, Drs. S. Richardson, H. Bigelow, J. L. Sullivan; *Censors*, Drs. M. Clarke, M. Wyman, J. H. Brown; *Commissioner on Trials*, Dr. Anson Hooker; *Councillors*, Drs. Josiah Bartlett, C. H. Allen, Enos Hoyt, J. Pratt, J. B. Taylor, A. Mason, H. Cowles, O. E. Hunt, A. B. Bancroft, A. C. Livermore, F. R. C. Kittredge.

At the same meeting the following resolutions were unanimously passed:—

*Whereas*, this Society has learned, with pain and grief, of the death of two of its most valued associates,

*Resolved*, That in the deaths of Dr. Luther V. Bell, of Charlestown, and Dr. Hiram Hosmer, of Watertown, this Society has sustained the loss of two of its most valuable and honored members.

*Resolved*, That while they have always filled most acceptably and creditably to themselves and the profession, the posts to which they have been called, whether as presiding officers of this, or the parent, Society, or of institutions for administering to minds diseased; whether they have served in the camp, or in the more quiet circle of common practice; they have ever been devoted and successful physicians, safe and sagacious counsellors, warm and faithful friends, of true worth and modesty.

*Resolved*, That this Society deeply sympathizes with the relatives of the deceased, and tenders its most heartfelt commiseration in this hour of their affliction.

*Resolved*, That a copy of these resolutions be transmitted to the families of the deceased. A. HOSMER, *Sec. M. S. D. Med. Society.*

MAINE MEDICAL SCHOOL.—The clinique of this School, by Drs. Childs and Dana, for Saturday, April 19th, is reported in the *Brunswick Telegraph.* Eleven cases were treated, some of them of an interesting character, the operations being performed by Dr. Childs. Dr. Robinson's course of lectures being brought to a close, a suitable valedictory address to the students was made by him, and a letter of thanks from them was returned. Dr. Nourse, of Bath, commenced his course of lectures on Monday.

FROM an interesting letter from Dr. George H. Gay, dated April 15, at the headquarters of Gen. Sumner, we learn that he, together with Drs. Hodges and Homans, are now stationed there, where it is intended to establish a large general hospital. They are also to be in readiness as a reserve corps of surgeons to act as soon as an emergency may require their aid. Dr. Gay speaks particularly of their indebtedness to Gov. Sprague, for his many attentions and kindnesses, as well as to Cols. Reynolds and Burgess and Major Metcalf of his staff.

DRS. S. H. TEWKSBURY, of Portland, and Wm. Warren Greene, of Gray' have been selected by Gov. Washburne, of Maine, as surgeons for special service among the sick and wounded at the seat of war, and have been ordered to Fortress Monroe, to enter upon their duties.

AID FOR THE WOUNDED.—The Board of Managers of the Western Pennsylvania Hospital have placed the new "Dixmont Hospital" at the disposal of the Government, for the reception of the wounded at the late battle of Pittsburg. It can accommodate five hundred patients.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, APRIL 26TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 41 | 45 | 86 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 44.8 | 37.9 | 82.7 |
| Average corrected to increased population, | .. | .. | 92.40 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 14 | 2 | 0 | 5 | 6 | 0 | 0 | 0 | 1 |

## METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending April* 12th.

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.074 | Highest point of Thermometer, | 44.0 |
| Highest point of Barometer, | 30.296 | Lowest point of Thermometer, | 20 0 |
| Lowest point of Barometer, | 29.884 | General direction of Wind, | N.N.E. |
| Mean Temperature, | 33.6 | Am't of Rain (inches), | 0.14 |

BOOKS RECEIVED.—Principles and Practice of Obstetrics. By Gunning S. Bedford, A.M., M.D., &c. Second Edition. New York, William Wood, 389 Broadway.

MARRIED,—In Charlestown, 24th inst., John S. Whiting, M.D., to Miss Lucy L., daughter of Eben Barker, all of Charlestown.

DIED,—In this city, 29th inst., John B. Alley, M.D., 38.—24th inst., Charles F. Hoffendahl, M.D., aged 63 years 10 months.—At Newbern, N. C., of typhoid fever, D. W. C. Lathrop, M.D., Surgeon of the 8th Connecticut Regiment.—In New York, Dudley Peet, M.D., Professor in the Deaf and Dumb Institution.

DEATHS IN BOSTON for the week ending Saturday noon, April 26th, 86. Males, 41—Females, 45.—Accident, 2—apoplexy, 2—asthma, 1—inflammation of the bowels, 3—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 2—consumption, 14—convulsions, 4—debility, 3—diabetes, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 4—drowned, 1—erysipelas, 2—scarlet fever, 5—gastritis, 2—hæmorrhage, 1—hæmorrhage of the umbilicus, 1—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 6—measles, 1—paralysis, 1—pertussis, 1—purpura hæmorrhagica, 1—scrofula, 1—sore throat, 1—syphilis, 2—teething, 1—thrush, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 43—between 5 and 20 years, 2—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 64—Ireland, 15—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# CASE OF ACUTE GLAUCOMA.

## PERFORMANCE OF IRIDECTOMY, WITH COMPLETE RESTORATION OF VISION.

[Read before the Boston Society for Medical Improvement April 28th, 1862, by Henry W. Williams, M.D., and communicated for the Boston Medical and Surgical Journal.]

On the 14th inst. I was asked to see, in consultation, a lady, some fifty years of age, who had for several years been an invalid, from partial paralysis. About four weeks previously, her left eye was attacked with injection, accompanied by little pain, but resulting in a gradual, yet total, loss of sight. I found the globe somewhat harder than natural, the pupil dilated, as if kept open by pressure of the lens against the iris, the iris slightly altered from its healthy appearance, the lens somewhat cloudy, and the cornea appearing to have lost its polish, as if breathed upon. There was scarcely any varicose enlargement of vessels upon the globe, and the eye was in a comfortable condition. Vision was perfect in the right eye. Under these circumstances, I advised non-interference with the left eye; but recommended to her family that should any symptom of disease of the right eye declare itself, it should have immediate attention. I however gave an encouraging prognosis as to the probability of any immediate attack in the other eye.

On the 17th, I was told that the day after I saw her, vision had been suddenly lost in the right eye. It was regained the next day, but for that day only.

I found the eye much injected, and the humors turbid; but the pupil retained its normal size, and she complained of a feeling of fulness rather than of pain in the globe. Examination with the ophthalmoscope showed much congestion of the internal vessels, but the refractive media were too cloudy to allow of a distinct view of the retina. She could merely distinguish the outlines of a figure passing before her.

Leeches were applied to the temple, in the hope that they might effect a mitigation of the symptoms, as they had formerly done in the other eye, and the operation of iridectomy was advised for the next morning, as offering the only hope of overcoming the disease.

The next day vision was not improved. Ether was administered to secure immobility of the eye. The cornea was then divided, at its upper border, to the extent of a quarter of an inch, the iris was seized with very delicate forceps near the edge of the pupil, and about a fourth part was drawn out through the wound, and excised, close to the cornea. The anterior chamber was at once obscured by hæmorrhage from the divided vessels. Compresses wet with cold water were ordered to be applied over the eye, and the room was to be kept dark.

On the following morning, the blood was found to be already in a great measure absorbed from the anterior chamber. The injection of the eye was of course considerable; but no pain had been felt, the wounds of the cornea and iris looked well, and the transparent media were clearer. The eye was relieved from a feeling of oppression, and vision was greatly improved.

On the 21st, the injection of the vessels was much lessened. She was advised to take champagne, to increase her appetite for food, which she could scarcely take without it.

The 24th found the globe nearly free from redness, and the pupil had no longer a hazy aspect. She could tell the time by my watch.

On the 27th, only nine days after the operation, the eye was free from injection, the transparency of the refractive media seemed to be restored, and only a slight sensitiveness to light remained. Vision is fully regained, so that she can read a newspaper print.

The large artificial pupil, created in the performance of the operation, having been made at the upper part of the iris, the very great inconveniences of so large an addition to the natural aperture are nearly obviated; as the dazzling influx of light, and irregular refraction, which occur when the iris has been excised on the side towards the inner canthus, are prevented by the covering of the new opening by the upper eyelid. The deformity is also hidden by the lid, and the natural aspect of the eye restored.

The case seems to be worth reporting, as an example of rapid recovery from a severe attack of unquestionable glaucoma; which must have promptly annihilated vision if allowed to go on unchecked. It illustrates, also, the slight danger to be apprehended in operations on the iris, whether done for the formation of artificial pupil under other circumstances, or executed for the relief of glaucoma; these operations being scarcely ever followed by more than the most trivial symptoms of inflammation. Therefore, even when the results I have obtained, in cases of glaucoma, have been less completely satisfactory than in the above instance, I have considered the operation to be fully warranted; as not being, in any event, at all detrimental to the patient.

## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 274.]

The physician can never forget that he has to deal with an organized body, controlled by vital laws; neither should he forget that chemical forces are always acting within and upon the body—both for good and evil—sometimes under the guidance of, and sometimes in opposition to, the vital forces. I refer, not to the many changes and combinations which the ultimate elements of the food undergo, from the time that it enters the stomach to its elaboration into the various textures and organs—this is animal chemistry; but to those changes and combinations in which the purely chemical laws are called into action. In the normal condition of the system, we have the formation of carbonic acid in the blood and its elimination from the lungs, and the excretion of various salts by the action of the kidneys. These formations, although they are chemical, are made in subjection to the vital powers, and are essential for the preservation of health.

In abnormal conditions of the stomach we can observe, not unfrequently, a contest between the vital and the chemical forces. By the vital powers, the food is reduced to its primary elements, but at this point, the stomach being enfeebled, the chemical powers attain the ascendancy, and these elements, instead of being re-combined to form chyme, are united to form gases, to be ejected in offensive eructations. Again, we see the changes produced on the surface by its exposure to extreme heat and cold, and by its less frequent exposure to the action of strong acids and alkalies. Moreover, poisonous and deleterious articles are introduced into the system through the stomach, the lungs, and the skin, either to be mixed with the blood, or to alter its chemical character, in consequence of which various derangements, morbid changes, and even death, may ensue.

Seeing, then, that our bodies are beset with chemical powers—essential on the one hand for their preservation, and capable on the other of their destruction—it would seem to follow as a necessary consequence that some medicines must produce their curative effects in obedience to the same laws. It is with the view of illustrating this proposition that I pass to the second division of my subject.

### CHEMICAL TREATMENT.

Under this head I include all treatment of disease with medicine, which produces a direct chemical change in the blood or tissues; and indirectly a change in the dynamic powers or vital tissues, with a view to the restoration of health or alleviation of suffering. In this division I shall include, 1st, remedies that act locally; 2d, those that act internally, or which affect the system, or any part of it, through the medium of the circulation.

I. *Local Remedies.—Nitrate of silver and nitric acid applied to corns and warts.* To begin with the most simple, I will notice the well-known action of nitrate of silver and nitric acid in removing corns and warts. These articles, without doubt, remove these excrescences by their chemical action. They first destroy their morbid organization, in consequence of which they shrink away and disappear by absorption.

*Iodine in boils, chilblains, &c.*—Dr. James Jackson, in his interesting and instructive letters, recommends the dividing a boil through its centre with a lancet, as an effectual mode of destroying it, when done sufficiently early. In several patients I have found the same results from the use of iodine dissolved in sulphuric ether. In the few cases in which I have used this remedy, my success has been complete, destroying not only the individuals but breaking up completely the family; in other words, destroying the predisposition to their formation. The lancet and the iodine in these cases produce the same result, both destroying the morbid organization—one mechanically, the other chemically—and as a consequence the remaining structure is absorbed.*

Chilblains and local erysipelas are affected by the use of iodine in the same way; and ulcers of the throat and womb, treated with iodine and nitrate of silver, are also, in my opinion, benefited in the same way, or on the same principle.

In regard to chlorate of potash in ulcerous affections of the mouth, ointments of mercury, sulphur and tar, and others, in affections of the skin, there may be a question whether their action is chemical or dynamic. Microscopical observations on the effects of these remedies, when first used, may be the means of settling this question.

II. *Internal Remedies.*—I pass to that class of remedies which affect the system through the medium of the circulation. Of this class of medicines we have three kinds: *(a)* Those which affect the stomach alone, or I should say the contents of the stomach alone, such as bicarbonate of soda, lime, chalk, and which are used to correct acidities of the stomach. As these articles do not affect the dynamic powers of that organ, even indirectly, and are used merely to remove a distressing symptom, they cannot be regarded as strictly coming under the definition above given. They are noticed in this place on account of their purely chemical action. *(b)*

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* The strength of the solution that I have used is thirty grains of iodine to one ounce of sulphuric ether. The application should be made with a brush, immediately upon the appearance of the boil, or while it is yet a pimple, and repeated morning and night until its sensibility is entirely removed.

This troublesome affection I regard in some patients as local, or as an affection of the skin, and not constitutional, as it is usually regarded both by the public and the profession. My reasons for this opinion are:—1st. That it occurs, as Dr. Jackson has shown, in persons of all ages, of all varieties of constitution, of all habits of living, and all conditions of health and sickness; and usually without producing any marked improvement in the health. 2d. So far as known, the causes producing boils are local. These are blisters, poultices, long-continued application of hot water by means of cloths, frequent and long-continued bathing in salt water, and even from too frequent use of the sponge-bath. Whatever may be their cause, they usually commence at a single point, and thence are extended by sympathy, first to near and then to more remote parts of the skin. 3d. They can sometimes be cured, and this extension prevented, by local applications. I have mentioned iodine, and I think the same results could be obtained by nitrate of silver. Two or three having been destroyed on their first appearance, the chain of sympathy is broken, and thus an end is made to their propagation. Boils are not to be confounded with abscesses, which often have a constitutional origin, and are not easily checked by local applications. The abscess may become an exciting cause of a crop of boils. The foregoing remarks are not applicable to all cases of furuncular disease. On the other hand, there are cases arising from a depraved state of the system, which require constitutional remedies in conjunction with the local to insure recovery.

Medicines which enter the circulation and affect the chemical character of the urine, and are used solely in the treatment of calculous complaints; such are some of the mineral acids, alkalies, &c. &c. *(c)* Medicines which enter the circulation, and which neutralize morbid poisons and miasms, and which give rise to fever or other manifestations of disease. Of the genera *(a)* and *(b)*, there will not be any difference of opinion as to the purely chemical action of the remedies which they include; but in regard to what will be included under *(c)*, I do not anticipate unanimity of opinion, and the views which I shall present will be offered with diffidence, as suggestions for the consideration of the profession.

In the dynamic treatment of disease, nature can be the guide to the physician; but in the chemical treatment nature can give no assistance. This department of therapeutics, if I mistake not the signs of the times, is opening a large field for investigation; and hereafter the improvement in the treatment of disease with medicines, will be the result of direct experiment by medicine either in health or disease, or the observation of the effect of medicine taken by accident. In this connection it is worthy of remark that the few medicines which are called specifics have probably been discovered in this way. I know not how mercury was discovered to be a specific in syphilis.* It is certain that there is nothing in the physiological effects of this medicine, and nothing in the pathological character of the disease, which could have led to the discovery; and no doubt the discovery of it must have been the result of an experiment, an experiment quite as likely to have been made by a quack as by an educated physician. The same remark is applicable to sulphur in the treatment of itch, and the bark of cinchona in the treatment of intermittent fever. Colchicum, now acknowledged to be a specific in gout, it is well known, was first used as a quack medicine under the name of "eau medicinale."

*Mercury in Syphilis.*—The first medicine that I shall notice under this subdivision *(c)* of internal chemical remedies, is mercury in syphilis. Different explanations of the *modus operandi* of this medicine have been given. One explanation attributes its healing power to its stimulating properties. It is said that it increases the secretions from the liver, the kidneys, the pancreas and the salivary glands; and through these several excretions the syphilitic poison is purged from the system. But when it is considered that syphilis can be produced from a minute drop of virus; that when once introduced into the system it can, in a short time, be indefinitely increased, and when it is considered that the virus will permeate the minutest bloodvessels and the minutest fibres, the explanation falls far short of being satisfactory. Another explanation attributes its curative powers to its alterative properties. I have already commented on the indefiniteness of the term "alterative." Mercury, particularly, has been called an alterative, and without doubt it does alter or change the state or condition produced by the syphilitic virus. But what is changed? Are the textures changed—or the fluids? If the textures are changed, what has become of the virus which has pervaded the blood? Homœopathists produce the action of mercury in syphilis in support of the principle "*similia similibus curantur*," from the fact that it will produce a disease closely resembling the one that it cures. Admitting this as a fact, and supposing that the syphilitic disease can be removed by any dynamic action, the question again recurs, what becomes of the virus in the blood? I have seen it suggested, as a reply to this question, that the mercury not only removes the disease, but it also renders the system unsusceptible to the disease. But this explanation is sustained neither by facts nor analogy. It is evident that in the poisoned state of the system arising from the syphilitic poison, which poison is permeating the most minute parts, it will be in vain to attempt to cure the diseased textures, without first destroying or removing the poison which has produced this diseased state. As well might one attempt to cure inflammation arising from the presence of a foreign body in the flesh, without first removing the cause that has produced this inflammation. If by the term alterative, it is meant that a change or alteration is made in the blood, or in the virus in the blood and in the textures, and in consequence of this change the textures are restored to health, there can be no objection to the term. To my mind, the only satisfactory explanation of the "modus operandi" of mercury in syphilis, is that which attributes to it the power of altering the virus both in the fluids and the solids. In other words, mercury is an antidote to syphilis, or neutralizes the syphilitic virus, by producing a chemical change in that virus, thereby depriving it of its morbid character. How can we account for the diseased structure produced by the excessive use of mercury? In reply, I say, that a certain quantity of mercury is needed to neutralize the virus, as is the case in all chemical combinations, and when more than this quantity is used, it becomes in its turn the cause of morbid changes in the textures.

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* According to Meryon, in his History of Medicine, the discovery was accidental. See vol. lxv. of this JOURNAL, No. 12.—EDS.

I have dwelt thus long on this subject, because there is no question in regard to the cause of syphilis, or of the effect of syphilitic poison on the system, nor of the power of mercury in controlling it; and it therefore presents the best example of what I term the chemical treatment of disease. That a chemical change is made by mercury either in the virus itself, or in the condition of the fluids and solids of the body, which has been produced by the virus, there can be, to my mind, no question. What this change is, of course I do not pretend to say; and here is presented an interesting subject for philosophical investigation. What is needed are chemical and microscopical observations of the state of the blood, at the onset of syphilitic disease, before mercury has been given, in different stages of its course, and at the period of restoration. This work belongs to the young men just entering on the profession, and who are familiar with the modern methods of investigating morbid states of the system.

[To be continued.]

## BIOGRAPHICAL SKETCH OF THE LATE DR. MERRILL.

[Communicated for the Boston Medical and Surgical Journal.]

Jesse Merrill, M.D., M.M.S.S., was born in Peacham, Vt., Aug. 1st, 1794—died in Hopkinton, Mass., Sunday, 18th November, 1860, and was interred at Mount Auburn the Tuesday following. His paternal ancestor, Nathaniel Merrill, is said to have settled in Ipswich, Mass., in 1638. Dr. Merrill was the third of six brothers, only two of whom survived him. The two eldest were educated at Dartmouth College, and studied law. Both became eminent in their profession, and men of influence in the States of their adoption. David, a younger brother, was also educated at the same College, and studied divinity. He was well known as the author of the famous "Ox Sermon" on Temperance, the different editions of which, in this country and England, are said to have reached the enormous figure of three millions of copies! The doctor was also educated at Dartmouth, and graduated in the medical class of 1818. He soon after entered upon the duties of his profession in the village of Franklin (then Salisbury), N. H., and for twenty-five years was the leading physician of the village and many of the surrounding towns. Few physicians in New Hampshire had a larger practice than himself, or were more successful in the treatment of disease. He was a great reader, and his well-selected library shows that his books were kept not for ornament, but use. Entirely devoted to his profession, and constantly adding to his scientific attainments, he yet found time to keep himself thoroughly posted in the passing events of the day. The papers, pamphlets and periodicals he was constantly receiving would have furnished a tolerable supply for a village reading-room.

Himself a teacher at the head of an academy for several years previous to entering upon professional life, he ever took a deep interest in the cause of popular education; and for many years the academy at Franklin felt his fostering care. But his unremitting toils, his large and increasing practice, promised no rest for coming age, and he decided to remove to Boston. Here he continued for a few years, and would probably have remained to the close of his life, but that his faithful and devoted wife being called to her rest, left him desolate. He was lonely in "the city full," and sought relief from his sorrows in the rural scenes he had left. Not long after removing to Hopkinton, where he spent the last years of his life, he had an attack of acute pleuritis, which, taking on the chronic form, came near terminating his earthly career. The first attack of this disease was in 1854. He had several partial recoveries, and as many relapses, until, in the month of July, the disease had assumed a most formidable aspect. I found him in bed with his head very much elevated; respiration hurried; pulse accelerated; countenance anxious; lips livid. The right lung exhibited no special signs of disease, but the left, on percussion, was flat over a large extent of its surface, and this dulness extended as high as the eighth intercostal space in the erect position—still higher as the recumbent posture was assumed. The respiratory murmur was strong at the apex of the lung—feeble and scarcely perceptible at its base. On measurement, the left half of the chest was larger than the right, and the intercostal spaces proportionally increased. In a word, there was effusion into the left thoracic cavity. The indications in the case were sufficiently plain, but could medicine accomplish the task? The doctor came to Boston, and medication was faithfully tried for several weeks, but instead of an improvement, matters grew rapidly worse. It was now decided in consultation, that the only chance for life was in an operation for removing the fluid by mechanical means; and early in the month of August I assisted Dr. Bowditch, of this city, in the operation. The doctor operated in the usual way, and removed one hundred ounces of a pale, straw-colored fluid. It is worthy of remark, here, that diuretics, which, previous to the operation, had no effect whatever, now stimulated the kidneys to greatly increased action. These with alteratives, tonics and anodynes, constituted the treatment. Convalescence was slowly yet surely established, and in early winter the doctor was able partially to resume his practice.

Although his health, for the last few years of his life, was usually good, yet there can be little doubt that this attack laid the foundation for the disease which six years afterwards terminated his labors.

I have been more particular in thus sketching the history of the case, both before and after the operation, than I should otherwise have been, for the reason that prominent individuals in the other professions, as well as our own, scouted the idea of an operation, and declared that "it ought never to be done," and "that the man who should perform it would be guilty of an act of rashness of which he would one day repent." But the result of the case hushed the clamors of these false prophets. The operation added full six years to a useful life; and considering the doctor's age at the time—sixty years—the cure was certainly most remarkable.

Early in the autumn of 1860, he made his last journey to New Hampshire and Vermont. He travelled in his private carriage, for the purpose of visiting his numerous friends by the way, and from exposure he contracted a severe cold. Notwithstanding his indisposition, he attended to his professional duties on his return home. On the 10th of November, he visited his patients as usual, although the day was cold, wet and stormy. He came home from his last visit thoroughly chilled, and took to his bed, from which he never arose. He passed a very uncomfortable night, from an attack of pleurisy of the right side. The dyspnœa and pain in the side continued for two days, with a good deal of severity. On the morning of the third day crepitus was discovered in the inferior lobe of the left lung, attended by pleuritic pains of the same side. From the time that the malady extended itself to the old seat of disease, and a pleuro-pneumonia became developed, the case appeared hopeless. The usual remedies had no apparent effect in checking the progress of the disease; but proceeding, *pari passu*, the morning of the eighth day found it the victor. Its work was done—and he who for so many years had disputed the ground, inch by inch, with the Destroyer, was now himself the victim! But he fell with his armor on! The local medical association of which he was a member, at its meeting, in Mendon, the month following his decease, adopted the following resolutions:—

*Resolved*, *First*, That having heard with deep regret of the death of Dr. Jesse Merrill, of Hopkinton, this association acknowledge a providential dispensation which has removed from our fellowship an honored and an esteemed associate.

*Resolved*, *Second*, That we hereby most respectfully tender to the surviving members of our deceased associate's family the sincere expression of our cordial sympathy in the bereavement which they have sustained; and we trust that they will find consolation in the grateful remembrance with which his name will be cherished, and in the faith that a useful and devoted life on earth has prepared him for a life of clearer knowledge and purer happiness in heaven.

(Signed) JNO. G. METCALF, *Sec'y.*

Dr. Merrill was a man of fine sensibility, of sterling worth and unflinching integrity. His word was as good as his bond. And whilst despising quackery in all its protean developments, he scorned the low cunning resorted to by some physicians for the acquisition of business. In his profession he was thoroughly read, and in the investigations of disease most carefully discriminating; his conclusions, consequently, were not hasty, his diagnosis seldom wrong. He had, besides, a rare facility for the adaptation of means to ends, that made him the successful practitioner; whilst his sympathizing nature, his genial heart and hopeful spirit, were like sunlight in the sombre shades of the sick chamber, and made him "the beloved physician." In all the reforms of the day he took a deep interest, and in every cause of benevolence was generous to a fault. The poor he never sent empty away, and could say, with the man of Uz, "When the ear heard me, then it blessed me; and when the eye saw me, it gave witness to me; because I delivered the poor that cried, the fatherless, and him that had none to help him." For more than two score years he stood at the bedside of the sick, finding his greatest pleasure in relieving their sufferings. And never, during this long period, was he sent for at midnight but he responded to the call, unless bodily infirmity positively prohibited him. Thus we find him standing in his place, and conscientiously performing his duties to the last. Indeed, the very night preceding the last fatal attack he spent away from home in attending to the duties of the sick chamber. With him the practice of medicine was an unselfish duty, rather than a matter of worldly gain. Hence the poor and the rich stood on the same level, so far as his services or his time were concerned. During his long life he was always found the true and warm-hearted friend, the upright and conscientious physician, the devoted and consistent Christian; and when the end came, as come it must to all, he met it with heroic fortitude and Christian resignation. For him there was "light on the dark river," and in his last sleep he was

> "Like one who draws the drapery of his couch
> About him, and lies down to pleasant dreams."

## Bibliographical Notices.

*A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative.* By Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna, &c. &c. Illustrated by Twelve Hundred and Twenty-seven engravings. Second Edition, much enlarged and carefully revised. In two volumes. Philadelphia: Blanchard & Lea. 1862.

That these two bulky volumes, of something over a thousand pages each, should have come to a second edition since their first publication less than three years ago, and that too in the midst of such a prostration of business as the civil war causes, and which leads every one to lop off all surplus expenses and confine himself as much as may be to the prime necessaries of life, argues that the work has been recognized as one that the medical community cannot do without. It is too well known to require extended notice here. Its plan is most comprehensive, and its character is truly encyclopœdic. Manuals and treatises in this department of medical science are by no means rarities; the medical press teems with them: it is therefore especially gratifying that Dr. Gross's work holds its own among its numerous competitors, and we know of no other which so fully answers the purpose for which it was written—that of "furnishing a systematic and comprehensive treatise on the science and practice of surgery, considered in the broadest sense." On some points of doctrine Dr. Gross confesses his dissent from authors of acknowledged weight, but such differences he declares are based on honest conviction, and he is ready to stand by them until compelled to surrender to the force of superior arguments. Such an opinion, we should say, is the author's adhesion to the time-honored and, until quite recently, universally received doctrine, that iritis is to be treated, as a matter of course and absolute necessity, in all cases, except the most simple, by mercury; and that, too, "carried to rapid ptyalism." One of the most vivid reminiscences of the days of our medical pupilage is of the great emphasis with which one of our respected instructers, a gentleman still intimately associated with the practice of ophthalmic surgery in this city, in his most eloquent and attractive way impressed upon us the indispensable importance of this method of treating this grave disease. It was simply a question of saving or losing the eye. Mercurial treatment would generally succeed in doing the former, without it the latter was inevitable. With these strong impressions on our mind, we really dared not undertake the treatment of such a case without administering the specific, until Dr. Williams, of this city, published in our pages (vol. iv., p. 49) his important and valuable contribution to medical science in a series of most interesting cases of iritis, in all its forms and of all degrees of severity, treated successfully without mercury. We have always regarded this paper as a most precious boon to humanity, saving, as it undoubtedly has, many a sufferer from this distressing disease from the added horrors, to say nothing of subsequent effects, of mercurial ptyalism. Of the treatment by atropia, by which permanent contraction and adhesion of the iris are prevented, through the dilatation of the pupil which it produces, Dr. Gross says, "the misfortune is that atropia does not possess this property; nor is there, so far as is at present known, any article that does. The moment the iris is actively inflamed, that moment it ceases to be influenced by narcotic applications; the pupil contracts, and no stimulus, however powerful, can afterwards excite it." To this we must oppose our most emphatic dissent. We have certainly seen the pupil kept open by this agent under very severe inflammation, and that, too, of syphilitic origin, in a married woman, where the primary symptoms had been overlooked and the other secondary manifestations had been mainly combated by iodide of potassium. In fact, since Dr. Williams's paper appeared, we have mainly followed his plan of treatment in the few cases which our limited practice in eye diseases has brought us, with the most gratifying results. The eye in question emerged from a most severe attack without a blemish or defect, and it is impossible, to-day, to detect a trace of the affection, and yet the patient took no mercury.

Our limits do not allow us to go into a lengthy review of this important work, the general value of which all must recognize. We would only direct the attention of our readers to the fact that it is illustrated by over twelve hundred excellent wood-cuts, nearly three hundred of which were not included in the first edition; there is also a large amount of new matter in the text. The subject of gun-shot wounds, a subject of so much moment at the present time, has been specially dwelt upon. The book is beautifully printed, and is likely to hold a permanent place as one of great practical value; its utility is greatly enhanced by a full index of thirty-nine pages.

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*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; Author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four Colored Lithographic Plates and ninety-nine Wood Engravings. Multum restat adhuc operis, multumque restabit, nec nulli nato, post mille secula, præcludetur occasio aliquid adjiciendi. (SENECA, *Lib.* I., *Epist.* lxiv.) SECOND EDITION, CAREFULLY REVISED. New York: William Wood, 389 Broadway. 1862.

THIS large octavo of 731 pages of text has reached its second edition in a little more than four months. Prof. Bedford's Obstetric Clinique, of 563 pages, large octavo, has been translated into German and French. If professional demand for scientific literature be proof of its value, what medical works have received a larger patronage, a wider approval than have these works of our author? When we bear in mind how unfavorable is the present moment of our national history to the success of any work or undertaking, except such as are of daily, nay hourly, necessity, Prof. Bedford's literary success is the more to be wondered at. It can only be explained by the questionless value of his works. Its friends are not only of his own household, but foreign nations have adopted the products of his mind. We have the evidence that the reports in the clinique have been faithfully made. The names of the reporters are before us. The agreement of a number in the statement of results in so vast a number of cases, amounting to more than 8,000, is the best evidence of their accuracy and truth, and the fact of such perfect harmony in the expression, manner, language and style of the lecturer where there is such diversity in the facts reported, and so many reporters, is equal evidence that the lectures are given as uttered by the author. These characteristics of a lecturer we would call *natural* mnemonics, and among the most useful and pleasing in that science. Who that has heard those excellent teachers of midwifery, James Hamilton, of Edinburgh, and Dr. John Haighton, of London—whom we used tenderly to call Jimmy and Johnny, though neither of them was overly tender—will ever forget their whole manner—tone—expression—when they would make impression, and secure what they said to the memory. An anecdote. A West Indian student of medicine came to London to finish. Dr. Haighton had a figure upon which to demonstrate instrumental labor. The apparatus was bedstead, bed and curtains, &c., and the figure was dressed according to custom. Our West Indian's turn came with the instruments, and such was his zeal that he brought figure, instruments and himself to the floor—a wide ruin. "Do you not know better than that?" demanded Dr. H. "If I did," was the answer, "I would not have come so far to learn." It was our exceeding privilege to hear and see Mrs. Siddons in Lady Macbeth, and Lady Constance. Who that has heard her in the first will ever forget her rendering of the following passage in that terrible dialogue between her and her vacillating husband:—

> I have given suck, and know
> How tender 'tis to love the babe that milks me;
> I would, while it was smiling in my face,
> Have plucked my nipple from its boneless gums,
> And dashed the brains out, had I so sworn, as you
> Have done to this.

The thousands of Covent Garden started at the shriek, the compound utterance of mother and fiend, which ends the passage, as if they had been in the presence of an incarnation of Hell.

And, in Lady Constance, who can ever forget her screams, of inexpressible grief, and of irremediable woe, filling the stage and the house with her tears at her terrible bereavement, as her eyes fall on the dead body of Arthur.

We are willing to be charged with the rhetorical in the illustration of an important aid in teaching, ordinarily so rare in professional teachers.

Professor Bedford's works are Lectures. This form allows of the freest statement of principles and facts. The clinique is literally what it purports to be. The patient and the bed are before the class. The questions and answers are literally given. The student hears the examination as it proceeds. He sees disease in the living subject. He is not a reader. He is not in the presence of "words, words, words," but of facts. The physiognomy of disease is his study. The position in bed—the tone of the voice—the respiration—the cough—the debility—the face and its expression, whether fixed or changeable—the differences in the signs of chronic and acute disease wherever expressed—all that will aid diagnosis, is before him. The treatment is reported. Its effects are given, from day to day. What changes are made, and under what circumstances, are given. Everything which can aid the student is thus at hand. It is submitted to him as to a jury, and he is under the charge of the supreme head of this solemn court to give his verdict—to learn what he may or shall do for such diseases as may be afterwards committed to his judgment.

This mode of teaching is truly popular, and our Professor shows consummate skill in its adoption and use. It is strictly colloquial, admitting of the utmost fredom in manner, and so securing interest. Some have objected to it as wanting dignity—as allowing of much that is irrelevant—attracting attention, but not satisfying it. The objection has force only in failure to accomplish what is proposed in this method of teaching. To the advanced hearer, verbal teaching is as self-teaching, for the thing taught and the teacher are before him, and he is to see, hear and think, all which he intuitively does at once, and all that is before him is his. We know that pupilage, the time for getting knowledge, is very rarely regarded as it should be. He only can, or will, truly learn medicine, so to speak, who says to himself, internally, but louder than the very thunder, "I will be a physician, and I will prepare myself for its responsible, fearfully solemn duties." To such a student, such a teacher as is our author will be a teacher. What he says of thought or of action, however objective they may be, will become part of his mind—take its possession in it—be subjective, and ever ready for most important uses. It is not the dead type and the cold paper, but a living mind, uttering living words, which are now his teachers.

Prof. Bedford is well fitted, or prepared, for a teacher. His whole preparation for his important position—the means he officially possesses for self-culture—his education—his moral and intellectual endowment, all powerfully aid in making him a teacher, and this whether as a writer or lecturer. He is a member of the medical faculty of one of our largest universities. He is a physician to one of our largest hospitals, if not *the* largest, and his department thoroughly fits him for studying, treating and teaching his specialties—the Diseases of Women and Children. We have hospitals, and great ones, too, where these most important departments are not taught, or rather cannot be studied at all. Our author's position gives him abundant opportunities to furnish his pupils facilities for the study of practical midwifery, and we know of no teacher elsewhere who has such advantages. There once existed in a city, a midwifery hospital, one of the recommendations of which to its patients was, that no student should ever visit it, and that its physicians should not take their pupils with them. But this, so-called, respect for the feelings of patients did not preserve this institution from dissolution. There was much care taken that the formalities or conditions of admission should be strictly enforced. In one instance a wretchedly poor woman was brought to the Hospital, actually in the pains and perils of labor. But she had not a *permit*, and could not therefore be admitted. She was sent forthwith to a public charity some miles off. The resident physician, in simple compassion for this poor woman, got into the carriage with her. His kindness was well timed, for the sufferer actually delivered herself before the poor-house was reached. Such a hospital could not stand. It would almost seem that it did not know what its name imports, or means—a place for *guests*, hospitality being its divine object. But the *hospital* failed. It owned much land, which was bought with little money. The price of the land rapidly rose. It was sold, and a very costly hospital was built. But this soon failed. It was sold, and just paid its debts. Thus was brought to an end an attempt to do much good. It never was excessively prosperous, as to its numbers of patients. One who might have added to its number was, as we have seen, delivered in a coach.

In speaking of our author's means of preparation for writing and teaching, one was omitted which deserves special notice—we mean books. He has given us a catalogue of those he has referred to, and quoted, and in a manner which shows that they have been faithfully studied. These books, amounting to between three and four hundred, are in many languages. He has not trusted to reviews—abstracts—notices, and what not, but has read and studied the books themselves—telling us where we may find his authorities, chapter and verse. He has drawn from "wells undefiled," and we trust him. We know of no higher recommendation of an author and teacher. We have read the lectures with great pleasure—at one sitting, between one and two hundred pages; and but for the advent of the small hours, might have finished the very large volume. No one who reads it can be surprised at the large praise of some of the best foreign reviews and journals, which it has received, and which our own have so liberally bestowed.

Prof. Bedford's works are thus attractive. In style, popular, without any sacrifice of that dignity which science always demands. His style is original, and he who thinks for himself, and makes tributary to his objects the best sources of knowledge, has a perfect right to depend upon his own mode of literary costume. He is carefully logical; stating his premises plainly, and making his inferences strictly in harmony with them. Hence his success. Why should not science be attractive? It is always likely to be better understood if it be so. You don't get tired of it. You may not always understand it, and it is not necessary you should. Who knows how that flower grows? Who understands the sun, or "the cause of thunder"? An Academician, who knew less of mathematics than Johnson or Gibbon did of arithmetic, or Shakspeare did of Latin and Greek—was walking home with a Fellow one evening from an Academy meeting. Our greatest mathematician had filled the sitting with a discourse upon the doctrine of chances or probabilities—"Why the seven stars are no more than seven," or rather, why they are placed in relation with each other just as they are. The discourse was long, and deeper than long; many Academicians slumbered and slept. We kept wide awake. Said our companion—"Were you pleased with Prof. ——— this evening?" "Very much," we said. "Did you understand him?" "No, not a word." "What! like a lecture and not understand a word of it?" "Yes." "How—or why?" Because we had faith that we were in the presence and hearing of TRUTH. That we felt and understood, and that it was which gave us pleasure."

Coleridge truly says, "there are more obscure readers than obscure writers;" and Johnson said, it was too much to demand of him when he gave thoughts, that he should also give brains. Grateful should we ever be to that writer who on matters of the deepest interest, can be at the same time attractive and profound. Let us read—hear—see; the TRUTH, in whose presence we are, will thus be found. He who in science, as well as in *divinity*, as the Religio Medici has it, continues unto the end, shall be saved.

May not the author of these lectures say—"*Si quid novisti rectius istis candidus imperti. Si non his utere mecum.*" W. C.

## Army Medical Intelligence.

*To the Surgeon-General.* SPRINGFIELD, MASS., APRIL 28TH, 1862.

DEAR SIR,—In compliance with the request contained in your despatch of 10th inst., I at once set out for the scene of the late conflict at Pittsburg Landing, Tenn. Arriving at Cairo on the 14th, I had an interview with Gen. Strong, commanding at that post, who promptly responded to our wishes and furnished transportation to Pittsburg Landing, which place I reached on the 18th. Col. Peabody, of the 25th Missouri Regiment, having been killed on the 6th, I at once reported to Major Gen. Halleck, who, in a note requesting an interview, has the following language:—"As nearly all the wounded and sick have been removed from this place, no farther medical assistance is required, but I should be pleased to have Dr. Breck visit such hospitals as he may find it convenient on the Ohio and Mississippi; to suggest such improvements in their management as he may deem advisable." As my despatches did not contemplate the performance of the very honorable and highly complimentary service which General Halleck requested me to undertake, and as it would have involved the expenditure of more time than I could then devote, I contented myself with the performance of whatever service I could to the wounded who came under my immediate observation. At Cairo, the wounded were everywhere to be seen. I dressed the wounds of many that had not been looked at since the first dressings. At Pittsburg Landing, where I spent four days, there were still many wounded. Upon our steamer down the river we had about 100, of many of whom I took care. Of the nature of the wounds, I can only say that they presented every variety that the imagination could invent; and the entire absence of everything that belongs to the sick room, accounts for their ill condition. I was kindly furnished by our Ladies' Soldiers' Aid Society with many articles for the wounded, which were very gratefully received. The lowest estimate I heard from any reliable source of the number of wounded who had been sent forward, was 12,000. There were 1500 at Savannah, and still many remaining at the Landing.

Col. Peabody's remains were buried on the field, where he fell gallantly fighting for his flag. Arrangements were made by his brother for forwarding the body at as early a day as possible. All bear testimony to the important part young Peabody played in saving the army from utter destruction on the first day of the engagement.

During the interview with Gen. Halleck, he expressed much gratitude at the prompt action of this Commonwealth in behalf of his wounded, and characterized it as only in keeping with the readiness with which our government had responded to every emergency since the struggle to crush this rebellion had commenced.

So far as I could learn, the wounded are distributed to different points, where they are comfortably provided for.

Very respectfully your obedient servant, Wm. G. Breck.

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*To the Surgeon-General.* Ship Island, April 8th, 1862.

Dear Sir,—April 5th I reported for duty, and by Col. Dudley's order, the Hospital and Medical Stores were turned over to me in full, April 6th, by Dr. Moore. So far as medicines were concerned, I did not assume a very serious pecuniary responsibility by receipting for the stock on hand, as the whole amount would not have filled a hat. Dr. Moore estimated the weight of the entire stock, liquid and solid, at *two pounds*, and he was not below the mark. Of blankets, sheets, &c., there was a good supply; six iron bedsteads, and of instruments, one field case, but no pocket case. There was no mess chest, cooking utensils, or even knives and forks, nor scales for dispensing medicines, supposing there had been a medicine chest filled, which was not the case. Under these circumstances you may be assured that I was not sorry that Dr. Kimball (either at my persistent solicitation or of his own accord, as it may have been) had allowed me to receipt for and take away with me about the same as a three months' supply of medicines, with a small medicine chest, one hospital knapsack, a field and a pocket case. Nor was the new surgeon any less welcome by bringing these supplies.

Just before I came, certificates of disability were made out for nearly fifty in this regiment, and I learn they are soon to start for home. Omitting these, the health of the regiment is quite good, there being thirteen in the hospital and twenty-seven excused from duty this morning. Last Saturday, while bathing, two privates were drowned—Charles W. Quimby of Co. G., from Lawrence, and James Kirke of Co. G., of Lowell. Three of the 12th Maine Regiment were drowned at the same time.

There are now in the regiment several cases of typhoid fever, in progress or convalescent—all doing well; two cases of pneumonia, and of diarrhœa and dysentery quite a number, though not severe. The sudden and severe changes of temperature, the great dampness of the nights, and perhaps the severe muscular exertion required to march in this ankle-deep yielding sand, conspire to wake up *chronic* rheumatisms, though I have learned of but few acute cases. The glare of the sun on the white sand does not seem to induce ophthalmia, as I supposed it would. Indeed, I think the most of the injury to the eyes from the sand is mechanical—as when the wind blows, one's eyes, if exposed to it, are literally filled with it. While I write, the sand is whirling into and around the tent, precisely like snow, and if one should judge by *sound* alone, he would be sure he was encamped in the midst of a north-east snow-storm. Several times, on awaking in the night, it has taken some little time to convince myself that such was not the case. On the whole, I have been agreeably disappointed; and although this is certainly the most God-forsaken looking locality I ever saw, yet I find it less mean in reality than I expected.

I remain most sincerely yours, E. K. Towle,
*Surgeon 30th Reg't Mass. Vols.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 8, 1862.

Hospital Construction.—To continue the subject of the arrangement of the pavilions, the next consideration in importance is the distance from one pavilion to the next, to ensure the necessary isolation, ventilation, &c. Most authorities give seventy feet for two-storied buildings. In the hospital Lariboisière it is but sixty-five. Dr. Green allows but forty-eight. We certainly should wish this increased, and would not like to see it much less than what the best authorities demand. Some judgment can be formed by each individual, by looking at the streets he is familiar with, and estimating the amount of sunshine they receive, the inconveniences of opposite houses looking into each other, the sounds conveyed, when the windows are raised, from one house to the opposite one, &c.

Another consideration in the general construction of the pavilions, is as to how many stories they should contain. We answer this very briefly, and say, emphatically, not more than two. The reasons are so many and so obvious that we scarce need rehearse them. The superintendent, nurses, &c., should not have the exertion of going up and down stairs unnecessarily added to their other labors; but even more important than this, is the great increase in the difficulty of thoroughly ventilating rooms placed one over the other, and of preventing the emanations, odors, &c., from the lower, ascending and fouling the upper stories. In dwelling-houses, with few occupants, and with great attention to ventilation, it will be frequently noticed that the upper stories retain odors from the kitchen, from bad drainage, &c.; how much more liable, then, would a hospital be to such collections, when the wards below are constantly teeming with exhalations from diseased bodies and their excretions.

The last consideration of great importance which we shall just now entertain, is the number of cubic feet to be allotted to each patient. Our determination on this point will, of course, also determine the size of a ward for a given number of patients, the height of the ceiling, &c. The amount of air necessary for hygiene and comfort, of course will vary with the climate, a colder one demanding less than a warmer. But it has been pretty generally conceded, that no hospital should allow less than 1,000 cubic feet of air to each patient; the best authorities demand 1,200, and some even 1,400. Now to give some definite idea as to the size of 1,400 cubic feet of air—were the ceiling ten feet in height, the bedstead six feet long and three wide, there would be a space between the bedsteads of seven feet; and if the beds are arranged with the heads against the wall, there would be a clear space or passage eight feet wide at the foot of the beds. The last space is not a bit too great—fully that much is necessary for the convenient moving of beds and passage-room; but the first, of seven feet between each bedstead and the one next it, is possibly unnecessarily large, and more than could be afforded in most cases. We would therefore give some of it up, and have the space put between the bed and the ceiling—in other words, make the ceiling higher. This, we think, should never be less than twelve feet, and two feet additional would not be too much. To be sure, where one ward is over another, we should take care not to require too much stair-case, on account of the labor of ascending it; but the advantages of a ceiling as high as it can be without inconvenience, are very great. In the first place, it facilitates ventilation, allowing room for the current of air in its exit to sweep towards the ventilating aperture, without coming down low enough to be breathed again by a patient in its course, or to annoy him by the draught. Then we do not consider the effect of the loftiness of the ceiling on the general aspect of the ward by any means a slight advantage. Any one familiar with the close, confined appearance of many a sick-room in which the patient has been shut up until every fly-speck on the ceiling and every spot on the wall has become familiar, will realize the different influence of a spacious looking apartment, lofty and airy, particularly if its fittings tend to increase the effect of these qualities. But of these we will go into detail hereafter.

The most important advantage of loftiness of ceiling is, that it is a great preventive of the overcrowding of a hospital : in this wise. The ward is built for a certain number. A pestilence comes, and the demands on our building are immensely increased. Must they be refused, and the applicants left to die without effort to minister to them, and the seven feet between each two bedsteads be still left vacant? Or must we fill up this vacant space, and reduce the allowance of space for each patient one half, and make him breathe over and over again air that has passed through the lungs of many of his roommates? We saw once the latter course pursued; and we believe that the mortality in that hospital was greater than if every one of the over-applicants had been refused, and had died in consequence of that refusal. But to have rejected them would have been considered very harsh, if not brutal; and yet, with a ward but ten feet high, the consent given was cruel. It is evident that had the ceiling been lofty, in the first place the beds originally would have been nearer together, and there would not have been so much floor-room to have occupied; but even had it been taken up by additional beds, the proportional amount of air used by their occupants would have been much less, and the exhalations from them would have speedily reached the upper regions of the room, out of the way of damaging those over whose heads they might be floating.—After a few remarks upon the external construction of hospital buildings, we purpose taking up in detail the proper internal fittings and appliances for them.

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Boston Medical Association.—The annual meeting of the members of this Association was held on Monday, the 5th inst., at No. 12 Temple Place. Dr. J. Mason Warren presided, and Dr. Francis Minot acted as Secretary. By the report of the Secretary it appeared that the following new members have been admitted during the year :—Drs. John Green, Wm. E. Rice and Joseph W. Cushing. The members of the Society deceased during the year were—Drs. Jonas H. Lane, J. F. W. Lane and John B. Alley.

Dr. Charles D. Homans was elected Secretary for the ensuing year, and the following gentlemen were constituted a Standing Committee : —Drs. N. B. Shurtleff, William J. Dale, Silas Durkee, and J. Mason Warren.

Dr. Minot offered the following preamble and resolutions, which were unanimously adopted :—

Whereas this Association has been deprived, by death, of its late Secretary, Dr. JOHN B. ALLEY,

*Resolved*, That in this dispensation we have lost a faithful officer and valued member, who never ceased to promote the interests and usefulness of the Association since he was first connected with it.

*Resolved*, That by the death of Dr. Alley, the medical profession of Boston has been deprived of one who, by his talents, his abilities and his high moral worth, was one of its brightest ornaments.

*Resolved*, That we respectfully tender to the surviving members of the family of the deceased our deep sympathy for the bereavement which they have sustained.

The meeting then adjourned.

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SOME time since, articles appeared in the New York *Tribune* and the Washington *National Republican*, containing grave charges against Dr. J. B. Porter, U. S. Army, of mismanagement and cruelty in his treatment of the patients in the Mansion House Hospital at Alexandria. It will be seen by the following extracts from General Order No. 85 that Dr. Porter has been honorably acquitted of these charges. It is most reprehensible that editors of the daily press should give currency to such odious charges, calculated at the present time to bring infamy on the unfortunate individual who incurs them, without the possibility of his establishing his innocence perhaps for months.

*Court of Inquiry—Surgeon J. B. Porter.*

GENERAL ORDERS, No. 85.

HEADQUARTERS ARMY OF THE POTOMAC,
Washington, March 1, 1862.

I.—A Court of Inquiry, of which Brigadier General William H. French is President, assembled at Alexandria, Virginia, on the 6th February, 1862, pursuant to Special Orders, No. 34, from these Headquarters, of February 4, 1862, at the request of Surgeon J. B. Porter, U. S. A., to examine into certain matters alleged against him respecting his treatment of the inmates of the General Hospital at Alexandria, with instructions to report the facts of the case, and its opinion thereon.

The Court proceeded to take the testimony of those parties only whose names had been connected with the charges against Surgeon Porter, and after a long, careful, and laborious investigation of the matter, as appearing by the statements on oath of these witnesses, came to the following

OPINION.—The Court is of opinion that no further action is necessary in the case.

II.—The Major General Commanding, having carefully examined the testimony taken by the Court of Inquiry, expresses his gratification that the Court, having listened only to the parties who made the charges on which this investigation is founded, declined to hear any rebutting evidence. To have done otherwise, besides wasting time, would have rendered the vindication of Surgeon J. B. Porter less triumphant than it is. As the record now stands, this meritorious officer is, out of the mouths of his accusers, or rather out of the mouths of those who were published as his accusers, not only completely exculpated, but shown to have been throughout exemplary in the discharge of his arduous and responsible duties.

Charges of the most injurious character were, with perverse industry, circulated against Dr. Porter. The Major General Commanding wishes to be indulgent to that unacquaintance with the rules of military propriety which the manner in which this was done proclaims. The rules of justice were no less violated, however: and when it is seen that the men whose statements were published were induced to sign them by the suggestion of utterly absurd mental reservation, it will be apparent that the most charitable conclusion that can be reached with respect to the accusers is, that their zeal blinded their reason, and caused them to forget those principles of action which are established by equity for the moral government of mankind. The finding of facts by the Court renders all further comment unnecessary.

The Court of Inquiry of which Brigadier General W. H. French is President, is dissolved. By command of Major General McClellan.

S. Williams, *Assistant Adjutant General.*

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Army Medical Appointments.—Dr. J. Theodore Heard, of this city, whose patriotism brought him home from Europe to take the post of Assistant Surgeon in the 16th Massachusetts regiment, has recently been appointed Brigade Surgeon, and has been ordered to the brigade under the command of General Duryea.—Dr. Kendall, of Newton Lower Falls, has been commissioned Assistant Surgeon of the 12th Massachusetts regiment. Dr. Baxter, Surgeon of the 12th, has been promoted to Brigade Surgeon, and Dr. J. McLean Hayward, formerly Assistant Surgeon, has been made full Surgeon.—Dr. Jansen Paine, of Charlestown, has been commissioned as Assistant Surgeon of the Massachusetts 31st regiment.—Gov. Morgan, of New York, has organized and commissioned, as an auxiliary corps to the Surgical Staff of the Army from that State, the following gentlemen:—Drs. James R. Wood, Alfred C. Post, Ernest Krackowitzer, Stephen Smith, Charles D. Smith, Geo. A. Peters, John O. Stone, Thaddeus M. Halstead, Willard Parker, Gurdon Buck, Lothar Voss, Thomas M. Markoe and Wm. Detmold, of New York City; Alden March, John Swinburne and S. Oakley Vanderpoel, of Albany; Edward H. Parker, of Poughkeepsie; Charles Winne and S. B. Hunt, of Buffalo, and DeWitt C. Enos and Joseph C. Hutchinson, of Brooklyn.

## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, May 3d, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 34 | 38 | 72 |
| Average Mortality of the corresponding weeks of the ten years, 1851–1861, | 34.3 | 36.1 | 70 4 |
| Average corrected to increased population, | .. | .. | 78.6 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 11 | 0 | 1 | 3 | 8 | 0 | 1 | 1 | 0 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending April 19th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.255 | Highest point of Thermometer, | 75.0 |
| Highest point of Barometer, | 30.506 | Lowest point of Thermometer, | 32 0 |
| Lowest point of Barometer, | 29.848 | General direction of Wind, | S. W. |
| Mean Temperature, | 55.0 | Am't of Rain (inches), | 0.00 |

Errata.—Page 249, line 33, for "pneumonic gastritis" read *pneumonia, gastritis*; p. 267, line 25, for "Autocratoria" read *Autocrateia*; page 273, line 3, for "cathartics" read *antipathic*.

To Correspondents.—A Report of Cases in the Long Island College Hospital came too late for insertion this week.

Books Received.—The Christian Physician; or Reasons why the Physician should be a follower of Christ. By Wolcott Richards, M.D.

Married,—At Dorchester, May 1st, Wm. Osgood, M.D., of Boston, to Miss Mary Rogers, daughter of J. Gannett, of Dorchester.—At North Reading, April 30th, Sydney H. Carney, M.D., of this city, to Hortense S. Abbott, of North Reading.

Died,—At Ship Island, Eben K. Sanborn, M.D., Surgeon of the 31st Massachusetts regiment.—In Louisville, Ky., April 28th, William Morrow Knox, M.D., 32.

Deaths in Boston for the week ending Saturday noon, May 3d, 72. Males, 34—Females, 38.—Accident, 1—aneurism, 1—disease of the bowels, 1—disease of the brain, 4—inflammation of the brain, 2—bronchitis, 1—cancer, 1—consumption, 11—convulsions, 1—croup, 1—cystitis, 1—diabetes, 1—diarrhœa, 3—dropsy, 1—dropsy of the brain, 2—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 1—gastritis, 1—hæmoptysis, 1—disease of the heart, 2—infantile disease, 4—intemperance, 1—disease of the liver, 2—inflammation of the lungs, 8—measles, 2—old age, 3—paralysis, 1—premature birth, 3—rheumatism, 1—scrofula, 1—unknown, 3.

Under 5 years of age, 27—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 12. Born in the United States, 58—Ireland, 9—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxvi. Thursday, May 15, 1862. No. 15.

## DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

### Lecture XI.

Gentlemen,—The state of the skin, either taken by itself, or combined with that of the pulse, respiration and tongue, affords us much immediate information in respect to the condition of the general system as affected by disease, and yet very little comparatively as to the locality of the disease, or its precise character. By continued experience we learn to rely, almost instinctively, very much upon the state of the skin, as indicating the extent to which the powers of recovery have been reduced by the exhaustive processes of disease, and the amount of those powers which remain. No doubt the expression of the countenance, and, we may add, of the hand also, contribute to this information, and the amount of it acquired by a very rapid survey is sometimes astonishingly great and accurate. Often a single glance, or a single touch, is sufficient to satisfy us that a patient is better or worse, is reviving or sinking, from the power we have acquired by habit of appreciating the inference to be drawn from the color of the skin, its temperature, its transparency, its circulation, its degree of mellowness or elasticity. The state of the respiration, pulse and tongue, though valuable as affording symptoms suggesting treatment, are not often the points to which treatment is primarily directed, whilst that of the skin is not only suggestive of the treatment required, but is itself the organ through which it is made to influence the diseased condition which exists.

The close connection between the state of the skin and the internal organs, their extensive sympathy and their intimate reciprocal influence, is one of the most universally recognized facts of disease, and has always been largely resorted to as a guide in practice. This is shown by the universal employment of applications to the skin in all systems of practice, in the form of baths of various kinds, of poultices, embrocations, rubefacients, &c. &c., as well as of means directly altering the texture of the organ, as blisters, issues, setons, &c. Such applications, whether general or local, whether they act upon the system as a whole, or upon the condition of some particular organ, always depend for their efficacy on the same principle of reciprocal influence. The distinctly beneficial effects of water as employed in the system of treatment called hydropathy, can hardly be questioned; though undoubtedly these effects have been much exaggerated by the apostles of this treatment as well as by its subjects. Neither is it to be doubted that the treatment has been applied with too little discrimination, and sometimes been carried to an injurious excess. Yet there is ample reason to believe that it has been of great advantage by relieving many of the symptoms and sufferings of disease, and thus, though it may not carry off the disease itself, contributing indirectly, like so many other remedies, to actual recovery. Especially the practice of "packing,"* by which the whole organ is at first excited by a general impression of cold, though with very little positive loss of heat, and then kept in a warm, soft and supple state, whilst at the same time its excretion is increased and probably also modified, appears to promote a natural and comfortable condition of the internal organs, in consequence of which their functions are rendered more natural, and their efforts to resume the healthy state are aided.

Besides this general relation between the skin and the internal organs, we find, also, a more special relation between the skin of particular parts and the organs which lie directly beneath them. This may sometimes depend upon the mere communication of temperature, as of cold or heat, applied externally, but this explanation will by no means cover all the cases in question. Obviously there is a connection between the vital condition of the parts, in consequence of which that of the one is influenced by that of the other. Instances of this are daily found in practice, and indeed so frequently as to need little illustration. The most common of them are the relief of pain internally by the application of heat and cold, and by the production of pain externally—of inflammation, spasm, or other affection of some internal organ, by local bloodletting over it in cases where there is none but the most remote connection by the vessels or nerves of the parts; and the relief, also, of internal affections by the production of actual disease in the skin, as by blisters, rubefacients, sinapisms, &c. &c. The universality of such applications from time immemorial, and their employment in all modes of practice, by all classes of practitioners, uninfluenced, like most other remedies, by changes of fashion, is a sure testimony to their efficiency as means of relief, as well as of their safety, though, like all other remedies, they have been carried to injurious excess, as has been particularly the case with blisters. It is to be remarked of remedies applied within judicious limits to the skin, that whatever useful purpose is brought about by them is effected without the direct disturbance or irritation of the important organs within. Whatever can be done through the skin, instead of the stomach and bowels, is so much clearly gained by the patient. If, for instance, the pain of spasm, or a fit of colic, can be controlled by external heat instead of opium, we get rid of those secondary effects which so often follow its use, such as nausea, vomiting, headache, loss of appetite and indigestion. The same is in a measure true of many other remedies. With the present tendency to non-interference in practice, the value of remedies of this kind, as compared with those internally administered, has been somewhat underrated. It is certainly a gain to the patient if he can relieve a pain, an inflammation, or any internal disturbance of function, by a blister, instead of a bleeding, an emetic, an opiate, or a cathartic. To a great many, the former would be the less disagreeable alternative.

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* The following case furnishes an example of the effect which the process of packing is capable of having in alleviating the symptoms of an acute disease. A boy of 18 months old had a distinct pneumonia of great severity, on the fifth day after measles, the constitutional symptoms, as indicated by the pulse, respiration and skin, being quite out of proportion to the local. On the sixth day, in the evening, there was great distress in breathing, great heat and restlessness, with a pulse of 184 and respiration of 80. The aspect of the patient was such that dissolution seemed imminent. He was placed in a cold wet sheet, and was then wrapped in a couple of blankets. In a very short time the breathing became easier, the pulse fell to 156, and there was an entire change in his aspect. The constant tossing and moaning ceased, and he soon fell into a quiet sleep and passed a comparatively comfortable night. Five nights afterwards, although after the packing he had for a time continued more comfortable, there was a renewed aggravation of all the symptoms. The pulse rose to 190 and the respiration to 120. The wet sheet produced the same effect as before, and the next morning the pulse had fallen to 156 and the respiration to 96. He was easier through the day, and in the evening the pulse was 132 and the respiration 88. From this time he gradually recovered.

But applications to the skin, especially when they go so far as to produce actual disease, such as blisters, are not to be indiscriminately applied. Regard is to be had to the constitution of the patient, the period of disease, its character, the state of the circulation, and many other particulars. There are some persons of such a peculiar susceptibility of the skin to irritation, and of such extensive sympathies with injury of the organ, that they are always injured by blisters. They are made faint, and rendered nervous and sleepless, are not relieved by their action, but are exhausted; and even the digestive organs seriously disturbed. In low and feeble states of the circulation, in the advanced stages of acute disease, and in some persons always in acute disease, blisters heal slowly and with difficulty, and leave behind them a painful and irritable sore. In the exanthematous diseases, especially in measles and scarlatina, the skin is left in a condition particularly liable to this result, and this may continue for some time after the eruption has gone. The restorative power is imperfect, and inflammation, ulceration, and sometimes sloughing, may follow. Blisters are not so well borne by the very old or the very young. In the old there is a want of the restorative power to heal them; and in the young the tenderness of the texture of their parts causes them to be more deeply injured by the vesications, and secondary effects are produced, resembling those of burns and scalds. Severe blisters seem sometimes to actually aggravate, in young children, the disease for which they are applied, and, instead of relieving, appear to add a new source of irritation to the original one. When applied to children, then, the surface of a blister should be small and the time of application short—for after its removal, although no effect has apparently been produced, it will by and by make its appearance, and sufficient vesication take place.

The spontaneous rest of a diseased organ is a prominent point in the natural effort of recovery. This exhibits itself in a variety of ways, both physiologically and mechanically. It is shown in the suspension or diminution of the function of the organ, and also in the instinctive avoidance of such movements as are not indispensable to this function. Thus the appetite and digestion are diminished, and only such nutriment is demanded and assimilated as is immediately necessary to the diminished wants of the system. Inflamed parts are intuitively withdrawn from activity, not only independently of any effort of the will, but even without any cognizance of the phenomenon on the part of the patient. Thus when one side of the lungs is inflamed, the respiratory movements of that side of the chest are diminished; where there is inflammation within the abdomen, the motions of the diaphragm are suspended or limited, so that the affected organs may be suffered to remain in a state of quiet. The patient often voluntarily counteracts this salutary tendency by calling into injurious activity organs for which nature demands repose. Thus food is forced upon the stomach against the remonstrance of the appetite, with the fallacious idea that it will give strength, and the mind taxed by noise, conversation and occupation, when the instincts of the system positively demand repose.

A regard to position is a measure of the same nature. By raising an inflamed foot or hand, we not only rest it, but modify in some degree its circulation. The blood is sent to it with less force, and is returned from it against a less resistance; hence the circulation is carried on with greater freedom and with less exhaustion. In diarrhœa and dysentery the organs concerned are rested by the avoidance of solid food, and by the recumbent position. A change from this position, as by rising on end or getting out of bed, will be followed by a recurrence of pain and discharges. In an inflamed stomach, turning from side to side will sometimes produce nausea and vomiting; in affections of the uterus, change of posture or position will bring on uterine pains or flowing of blood. In cough, a paroxysm of coughing is often produced by a change of position, as on rising from bed in the morning; whilst in asthma and diseased heart, the influence of position on the phenomena of the case are sufficiently familiar. In affections of the brain, how much the production of faintness and dizziness depends upon the erect posture, especially when the circulation is feeble! In cases of extreme prostration from large hæmorrhages, the system is very easily affected by small muscular efforts; insomuch that a slight departure from perfect rest or from a perfectly horizontal position, as by merely throwing the arms about, may be followed by an alarming syncope, whilst raising the lower extremities or placing the whole trunk on a reversed inclined plane produces a sensible effort at relief. In such cases, when the total amount of blood has been so reduced as not to leave enough for the necessities of all the organs, it is obvious how important it must be that those at least which are most immediate to life, especially the brain, should receive a full share of it, even if others receive less than their share. Hence, raising the lower part of the trunk and extremities, and even bandaging the lower extremities, by throwing a larger supply of blood upon the nobler organs, may serve to turn the scale in extreme cases in favor of life, and preserve it till the system has had time to accommodate itself to the diminished quantity of blood. Where the quantity of blood has been greatly diminished by exhausting disease, as in typhoid fever or phthisis, the same regard is to be paid to position and posture. Headache, vertigo, faintness, syncope, nausea and vomiting, are often occasioned by assuming suddenly the erect attitude and thus diminishing the supply of blood to the brain, and death even has taken place from no other obvious cause.

These are familiar examples of phenomena connected with changes of position. In fact, a great many of the movements of the sick are simply exhibitions of this change, instinctively made for the purpose of resting particular organs, rendering easier the performance of particular functions, or of relieving the uneasiness occasioned in the limbs, the trunk, the chest or the head, by a too long and unvaried posture. A great variety of positions are thus unconsciously assumed, apparently inconsistent with ease and comfort, and which would be so under ordinary circumstances. But they are brought about by the inner principle under whose guidance they are, because they produce changes in the circulation, the respiration, the mechanical relations of parts to each, which under the peculiar relations of the case afford temporary ease, or place the diseased organs under a more favorable condition for performing their functions or carrying on those processes that are necessary to recovery.

These points of treatment, so far, relate chiefly to acute diseases. Though in a less degree, they are also to be regarded in chronic. In many cases complete rest from the function as well as the mechanical motions of the diseased organ is an important element of treatment, as in diseases of the joints and limbs, of the eyes, and in affections of the digestive organs and of the womb. But in applying rest as a remedy in chronic diseases, we are carefully to distinguish the precise purpose that rest is to accomplish, and not enjoin it indiscriminately or carry it too far. Thus, complete horizontal rest may be beneficial in irritable uterus to a certain extent, but if indiscriminately employed, although it may palliate some of the bad symptoms, it may more than counterbalance this advantage by impairing the condition of the general health. Rest from food and excessive abstinence from their use may in the same way be carried too far in disorders of the stomach and eyes. There is a point beyond which the mechanical rest, or the suspension of the function of an organ, actually impairs its powers of recovery, and although it is difficult to determine this point exactly, yet every physician has experienced cases where a change in a diseased limb from rest to motion—in a disordered stomach, from a low and spare to a more generous and free diet, and in a disordered uterus the restoration of the natural function of the sexes which has been suspended—have been at once followed by distinct improvement.

Exercise, then, which is the opposite condition of rest, is not less an agent of which we are to avail ourselves. In general, the natural exercise of the function of any organ is necessary to its healthy condition, and an unnatural abstinence from that function is likely to be followed by an impaired condition of the organ. But this general principle, as has been seen, requires to be modified to an almost indefinite degree in the management of diseases. Thus it may be desirable to combine the exercise of some organs with the rest of others, where this is practicable. As in hæmoptysis, and many other chronic affections of the chest, certain exercises of the chest may be injurious—such as sewing, sweeping, lifting, straining or running—whilst the exercise, even violent, of other parts may be beneficial, as in walking, riding, sailing, and, with due precaution, even rowing.

The mode, kind and degree of exercise must vary with the seat and nature of the disease, and also with the constitution, the habits and the previous occupation of the patient. The mode of employing exercise as a remedy is probably better understood, and its value more justly appreciated, than many of the other methods of restoring or preserving health. Yet how imperfectly do mankind avail themselves of it! It is only necessary to remark, that both in sickness and in health, with the exception of those classes whose occupation consists in muscular exertion, but a small proportion of mankind accustom themselves to a sufficient amount or to the best kind of exercise, nor under proper circumstances. Fatigue is not necessarily exercise, nor does the monotonous motion of a mechanical occupation take its place. No voluntary motions can answer fully the physiological purpose of exercise which is not taken in the open, or at least in a free air. A man of sedentary city occupation requires active and vigorous motion in the country when resorted to as a remedy. But one would hardly prescribe the same to the farmer or the wood-cutter. The passive exercise of riding or sailing would be better suited to their necessities. The whole character of a case is to be studied in this aspect, and also the whole character and mode of life of the individual. Those modes of exercise are to be selected which will not injuriously affect the diseased part, but will call out the natural activity of those organs, which, from the mode of life and habits of the patient, are likely to be deficient.

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M. Personne, chief apothecary of the Pitié, has just written a little work on the relative value of iodized oil and cod-liver oil in the treatment of scrofulous and other cachectic maladies. His facts are well supported by proper names of most respectable authority. The cod henceforward will have little else to do than hide his diminished liver.—*Lancet.*

# ON THE SEPARATION OF CHANCRE FROM SYPHILIS.

BY PROF. ZEISSL, OF VIENNA.*

[Translated from the Allgemeine Wiener Medizinische Zeitung, January, 1862, for the Boston Medical and Surgical Journal, by JAMES C. WHITE, M.D.]

* * * * * It will appear to every one, that, if the chancre poison and the syphilitic poison are really two different matters, they must show themselves distinct in their effect upon the human organism. The effect of the chancre poison must be different from that of the syphilitic poison. That this is really the case, has been proved partly by accident, partly by experiments undertaken purposely by distinguished men of science. It occurred to Danielssen of Bergen, namely in 1853, to syphilize patients afflicted with spedalskhed *(lepra græcorum)*, with a view, in case it should succeed, of producing syphilis upon the leprous, so that possibly the syphilitic diathesis might act upon the *lepra dyscrasy* in such a manner as to bring it into some relation of affinity, and thus render it curable. Guided by this idea he inoculated four leprous persons on the 18th of April, 1853, with chancre virus, and made in each case three different points of insertion, all of which developed into deep-seated, highly painful chancres, healing during the seventh week, and leaving behind them brown scars. Danielssen waited now for the secondary phenomena, but years passed without the appearance of a single symptom of constitutional syphilis in any of the individuals.

In his work on syphilization Danielssen states, moreover, that he performed a methodical syphilization upon not less than twenty-three lepers who had never had syphilis; upon twenty-two of whom 12,704 inoculations in all were attempted, which yielded 8,277 characteristic chancre pustules. With all of them syphilization was continued several months; in some cases ten or eleven months, and in one even a year. They all had, therefore, uninterruptedly, for many months, a greater or less number of suppurating chancres, and yet not a single one of them, either then or subsequently, was affected with constitutional syphilis. What, then, was the explanation of this, certainly *a priori*, strange circumstance? Danielssen himself gives it, inasmuch as he states, that the matter for all these inoculations was, without exception, taken from simple, that is, soft chancres.

From this it appears to follow conclusively that a simple chancre, transferred to another individual, produces upon such only local symptoms. It may be thought, says Danielssen, that the leprous are either not at all, or only with difficulty, attacked by constitutional syphilis. This supposition, which is entirely opposed to daily observation, Danielssen refutes by the following case.

A leprous man, 30 years old, who had never had syphilis, was inoculated with chancre virus for five months on account of spedalskhed. During this time, 278 chancre pustules were produced upon him, and without any sign of constitutional syphilis. Then inoculation with matter taken from a so-called infecting chancre was attempted upon the same individual. The ulcers resulting from the operation completely cicatrized within four weeks, but fourteen days afterwards one of the scars upon the right thigh broke out afresh, and was converted into a somewhat larger ulcer with a hard base, accompanied by a painless swelling of the inguinal glands. At the end of a month this ulcer healed again, with an indurated cicatrix, and ten weeks after the inoculation of the infecting chancre the ordinary external symptoms of constitutional syphilis appeared.

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* Prof. Zeissl is no transcendentalist, but a thorough student and observer. The whole of the present article is too long for publication.

This case affords us a very instructive example of the propagation of the soft and the infecting chancre, each after its own way, and of the impossibility of ascribing general infection to a special disposition or to dietetic and other conditions; for the abovementioned individual was subjected under precisely the same external circumstances at first, to a thorough and long-continued action of chancre virus, without the slightest trace of syphilitic infection; but scarcely was matter from an infecting chancre inoculated, when an entirely normal constitutional syphilis developed itself.

Similar results have been obtained in cases of other skin diseases and narrated by Danielssen, and Prof. Hassing, of Copenhagen, as well as by Rinecker in Würzburg, and Bärensprung in Berlin.

These facts, so extremely important in the study of syphilis, induced my respected teacher, Prof. Hebra, to institute similar investigations upon incurable patients, who had spent the greatest part of their life, with short interruptions, in the skin wards.

After the programme for these inquiries into nature had been laid down, Prof. Hebra entrusted the performance of the experiments in inoculation to an energetic young physician, the operator Dr. Rozner, and from the middle of December, 1861, up to the present time, the following results have been obtained. On the 12th Dec., a nurse and a man aged 50, the latter of whom was suffering from excessive prurigo, were inoculated in two places upon the right upper arm with the secretion of a moist papule situated upon the breast of the former. While the inoculation remained without effect upon the nurse, there showed themselves upon the pruriginous patient as early as Dec. 28th, papulous elevations, which were slightly painful when touched. On Jan. 1st, there appeared upon both the papules a slight exfoliation and exudation of adhesive pus, which gradually dried up into a crust by the 8th, and ten or twelve days afterwards fell off, exposing to view a shiny, red induration of the size of a dime. On the 8th, he was inoculated again, but upon the left arm, with the secretion of the moist papule of the first patient, but, as was anticipated, without result. On Jan. 25th, the axillary glands of both sides, which had hitherto shown no signs of enlargement, became painfully swollen.

Furthermore, two inoculations were made upon the right arm of a girl, R. J., from a chancre situated upon her left thigh, and matter from this chancre of the second generation was inserted at two points into the right arm of a nurse affected with roseola syphilitica. The inoculation succeeded also upon this person, already impregnated with syphilis, and within thirty-six hours a characteristic chancre pustule appeared. From this syphilitic nurse (W. A.), now possessing also two chancres, a non-syphilitic person affected with lupus was inoculated, but with all possible care that pus alone from the chancre, and no blood of its syphilitic owner, should be transferred. These inoculations also took at both points of insertion, and within forty-eight hours characteristic chancre pustules were developed.

These experiments agree fully with those performed by Waller, of Prag, in 1850, upon non-syphilitic individuals, with syphilitic blood and syphilitic chancre secretion, at a time when the transferability of constitutional syphilis was denied by Ricord and his school. The persons operated upon by Waller presented, four weeks after inoculation, hard nodules at the points of insertion, and in the course of two months signs of general syphilis developed themselves upon the rest of the body.

We also had opportunity of observing cases perfectly in accordance with Waller's results, but from among them we will select one especially, inasmuch as it concerned a young colleague well known to many physicians of Vienna.

The young physician referred to, went to Venice on account of tuberculosis of the lungs. While there he treated a soldier for a very suspicious ulcer situated upon the lower lip. In order to determine whether it was really a chancre or not, and not being aware of the possibility of the transference of constitutional syphilis, he inoculated himself upon the left fore-arm with the secretion from the ulcer in question, but as no result (no chancre pustule) was manifest at the end of a few days, he was convinced that the ulcer was not malignant. Three weeks afterwards, however, there appeared at the point of insertion a pale, brownish-red, hard-feeling nodule as large as a lentil, and the cubital glands of the same arm became appreciably swollen. Astonished at this, to him, inexplicable accident, the imprudent experimenter applied to me for advice, and I gave him the sad answer that he must soon expect an eruption of constitutional syphilis, inasmuch as he had inoculated himself with the poison of a constitutionally syphilitic person; and so in fact it turned out, for in a short time he was attacked by a papular form of the disease.

Let us suppose now such a hard-feeling, papulous elevation situated upon the genitals, and substitute for the swollen cubital glands here mentioned, an inguinal gland affected in the same manner, then no one educated in the school of Ricord would hesitate, in connection with the accompanying indolent glandular enlargement, to call this hard papule a Hunterian chancre, and especially so when it is considered that such papulous elevations are always much larger upon the genitals and similar parts, which are of a spongy texture.

We therefore are of the opinion, that everything, which is called Hunterian induration, is not necessarily the result of a chancre infection. The induration by itself is not an appearance belonging to the chancre as such. The specific induration is a complication of the chancre, but not a pathognomonic element of the same. Induration is produced by the inoculation of syphilitic virus, whereas a chancre is produced only by a chancre. We conclude, therefore, that there is no indurated chancre as such. There do not exist accordingly two kinds of chancre really distinct from each other, but only soft chancres, which possess a greater or less capability of destruction (phagedenic and superficial chancres), but which can never endanger the blood unless complicated themselves in some way with syphilis.

We can, therefore, only speak of a hard chancre, when one is situated upon a Hunterian induration, a thickening of the cellular tissue caused by hyperinosis, which we regard as the constant result of infection produced by syphilis. There is no mixed chancre; it is only a chancre with its base thickened under the influence of syphilitic virus. As this thickening of the tissues is a constant pathognomonic peculiarity of any part infected with syphilis, but not at all so of chancre, so the ulceration of the chancre is just as little a necessary attribute of syphilitic induration as this latter is of chancre. They have only a common seat, and both processes are affected in their own way. This seat is, in the case of the so-called hard chancre, the indurated tissue produced by constitutional syphilis, and appearing in the form of a nodule or node. If the chancre infection and syphilitic infection take place at the same time and at the same point, the chancre may remain soft, until the syphilitic virus taken up at the same place developes its activity, and makes itself known by the induration in question. The hardness which appears beneath the chancre is therefore the consequence of the syphilitic poison absorbed, and is not the result of chancre poison, which produces only local effects, viz., ulcerative destruction of the tissues at the point of its reception, and an affection of the neighboring lymph-glands, leading, as a rule, to suppuration 35–40 times in a hundred cases. If the syphilitic infection takes place before that of the chancre, then the latter may be formed upon the induration already in the process of development. In both cases we have to do with chancres holding a borrowed seat.

The syphilitic induration differs essentially from the chancre. Chancre poison always produces within a few days a greater or less destruction of the affected tissue. The nodule produced by infection is formed only after weeks, remains unbroken for a still longer time, becomes, however—according to the locality, in some places earlier, in some later—robbed of its protective epidermis, or epithelium, if it affects the mucous membrane, and in this way, in case no complication with chancre occurs, the amorphous exudation of the nodule becomes visible as a raw red mass. This suppurates, and the pus dries upon undisturbed places, not exposed to moisture or friction, into a thin crust, which sooner or later falls off, whereupon a disk-shaped, slightly-arched, cartilaginous-feeling, papulous elevation appears, of a dark-red color, and covered with a varnish-like gloss. In the centre of this disk the point of insertion remains visible for six weeks even after inoculation has taken place. In case the centre of infection is situated upon a part, which either by physiological or pathological secretion is kept continually moist, as, for instance, upon mucous membranes, or surfaces like the præputium or labia pudenda, then the nodule, when about to break down, takes on a diphtheritic appearance, and might be very easily regarded as a papula humida (flat condyloma). This circumstance explains why the moist papule has caused those who have hitherto written upon syphilis so much difficulty in regard to its classification, because some considered it synonymous with chancre (primary syphilis), while others looked upon it as a symptom of consecutive or hereditary syphilis.

When Rollet observes that a hard chancre is always produced upon a person who is infected by another who is syphilitic, he evidently selects for the morbid process upon the newly-infected individual a false title. That, which he calls a hard chancre, is a hard syphilitic nodule, and as such is in no way inoculable in the sense which chancre is; but produces, when inoculated with its diphtheritic exudation, or with a drop of blood from the same upon a non-syphilitic individual, a similar induration of the tissues in the course of about three weeks. In case, however, that a chancre is developed upon the nodule by inoculation from a chancre, then a transference of its secretion will produce merely a chancre upon the bearer, whereas upon a hitherto non-syphilitic person it may produce both chancre and syphilis, if together with the chancre secretion blood be also taken from the nodule lying beneath it.

From what has been stated, then, it may be seen that we do not recognize a double chancre virus, nor, accordingly, two chancre ulcers essentially distinct from each other. We know only chancres with greater or less capability of destruction, and with smaller or larger amount of diphtheritic exudation. All chancres produce one and the same virus. The pus of a chancre causes local disturbances only, and when re-absorbed merely excites in the nearest lying lymph-glands an inflammatory or suppurative process. Constitutional syphilis, however, is never produced by the absorption of pus from a chancre, unless at the same time syphilitic blood or some syphilitic secretion is mixed with it.

We recognize, farther, no hard chancre, but only syphilitic indurations of the tissues upon which chancres are accustomed to be seated. Where this combination does not take place, the base and surrounding portion of a chancre remain always soft, and can at most, after long standing, undergo a *similar* sclerosis in their vicinity to that which we are accustomed to find in other ulcers, those, namely, of a scrofulous and varicose nature upon the feet, but never that peculiar cartilaginous hardness, such as occurs in the specific Hunterian induration of the tissues.

A Hunterian induration, bearing upon its surface a chancre, is the result of a double infection, or of the reception of two poisons—the chancre virus and the syphilitic virus; both of which poisons may, as is most frequently the case, be taken up simultaneously at the same coitus, or one after the other. Both go on generating themselves in their own way; chancre poison reproduces chancre poison, and syphilitic contagion engenders, in turn, a blood impregnated with syphilitic contagion.

We recognize, accordingly, no chancre syphilis, no primary and secondary syphilis. The Hunterian induration may, perhaps, be looked upon as the first development of syphilis, but not, however, in the sense of the earlier teachers as a primary symptom, the virus of which is by absorption converted into the so-called secondary syphilitic virus.

All questions and observations which have been raised concerning the inoculability of the so-called hard chancre are to us of easy answer, for as there is no hard chancre, inoculation from the same is out of the question. That which is taken from a so-called hard chancre is always the secretion of a chancre situated upon a borrowed, indurated base, and is just as inoculable as the secretion of the same ulcers seated upon normal tissue.

If we have the induration alone, then, in case it suppurates, its purulent secretion or blood, if transferred to another non-syphilitic person, will certainly reproduce induration and syphilis, whereas upon the possessor of the induration, or upon another already affected with syphilis, inoculation is without effect. If, however, we inoculate a healthy individual, susceptible to both contagions, with matter from a chancre seated upon an induration, we can produce upon him two diseases by a single insertion—viz., chancre and syphilitic induration; while upon an already syphilitic person the effect of the chancre poison only is developed, so that from the same source we cause to exist upon the former a so-called hard chancre (Clerc), and upon the latter, the syphilitic, simply a soft ulcer.

We can accordingly speak of chancre syphilis only when we mean to express that syphilitic poison is mingled with the chancre virus, and in this sense it follows that we are obliged to speak also of a gonorrhœa syphilis, because syphilis can in the same way mingle itself with gonorrhœal secretion and form in the urethra a point of infection. Since this, however, would lead to endless confusion, it is necessary to entirely separate chancre as well as gonorrhœa from syphilis. Chancre as well as gonorrhœa may occur upon the same person in juxtaposition with syphilis, and in this way indeed be the mediate cause of syphilis. Chancre and gonorrhœa contagion can occasion syphilis only in the same way as vaccination, which is an entirely heterogeneous matter, produces syphilis, when the vaccine lymph is mingled with syphilitic blood.

If, then, we divide venereal diseases into groups, we have three, viz.:—1. Gonorrhœa. 2. Chancre. 3. Syphilis.

All three of these groups of disease arise from contagions, which are essentially different from each other. The gonorrhœal and chancre contagions display their activity in a few hours or days, whereas the syphilitic poison exhibits its first perceptible manifestation only after three or four weeks; that is, it has a period of incubation, or latency, analogous to the poison of rabies canina.

The first local morbid alterations which are produced by syphilitic infection always show themselves at the point where the virus has entered, and, in case the imbibition has taken place without the intermixture of chancre poison, there arises, at the end of three or four weeks, upon the infected spot, a smaller or larger nodule, which gradually exfoliates and runs the course already described. The well-known indolent swelling of the glands, which accompanies the Hunterian induration, appears generally in the sixth week after infection.

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We will not, as Ricord once did, pronounce the patient free from the danger of a so-called secondary syphilis in case no induration follows a chancre in five or six days, for it may take place later, and even first show itself upon the cicatrix of the chancre.

See also a very interesting article entitled "*Ueber die Trennung des Schankers von der Syphilis,*" by Dr. Reder, of Vienna, in the *Medizinische Jahrbücher,* Heft I., 1862.

## Army Medical Intelligence.

We are kindly permitted by the Surgeon-General to print the following extracts from letters recently received.

Academy Hospital, Newbern, N. C.,
April 25th, 1862.

*To the Surgeon-General.*

Dear Sir,—The 23d regiment has suffered a good deal from sickness, but we are now improving. A week ago, we had three houses filled with patients, besides twenty or more in General Hospital. In the last three days I have sent fifty back to camp, convalescent. I am still in charge of the Academy Hospital and its branches. Two wards are yet filled with wounded. Dr. Upham, and Dr. Newton, 10th Conn., visit the fever patients, who are apart, and I take the surgical wards. Dr. Clark has a hospital of his own, for the sick negroes. We all four, however, quarter in the same house.

Dr. Stone is in charge of the sick of the 23d, and most faithfully and judiciously is he doing his whole duty. I am now able to assist and relieve him a good deal, since so many of the wounded are sent North. The surgeon's duty at camp is now performed by Dr. Emerton, a corporal in the Salem company. He is a physician, and very useful in this exigency.

Truly yours, G. Derby, *Surg. 23d Reg't Mass. Vols.*

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*To the Surgeon-General.* Newbern, April 26th, 1862.

Dear Sir,—It was my intention to have written you a full account of the Newbern battle, but various circumstances prevented. The number we then lost was 10 killed and 43 wounded. The latter number might have been somewhat increased, as there were some so slightly wounded that I took no record of their cases. It seemed hardly fair to include in the same category men with slight scratches and those seriously injured.

For the last few weeks our regiment has suffered from illness, though less so than many which are encamped near us. Almost every case assumes a typhoid type. This is partly to be attributed to the fact that the men had lived in very close quarters on shipboard for many weeks prior to their landing, subsisting on salt meat, and were ready to receive any morbid impression. One company (Co. C) did not go ashore for more than two months—not landing at Roanoke—and remaining on ship from the time of their leaving Annapolis till their arrival here. The sick list at surgeon's call is fortunately diminishing now, and we hope soon to present a decided improvement.

This month I made my first requisition for medicine, not having drawn any since leaving Boston. In the hospital I have endeavored to treat the majority of cases more by attention to diet and cleanliness than by medication.

I am now Acting Brigade Surgeon, and the care of the regiment falls upon Dr. Curtis, who is most faithful in the performance of his duties. I remain yours very sincerely, Samuel A. Green,

*Surgeon 24th Reg't Mass. Vols.*

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*To the Surgeon-General.* Fortress Monroe, May 7th, 1862.

Dear Sir,—I have but a moment to write to inform you that on Monday, by "the first boat to Yorktown," Dr. Bronson and my assistant and self went to that famed city; and let me assure you that no man could visit it now without approving the skill and wisdom of Gen. McClellan in pursuing *his own method* in conducting the war. We passed twenty hours there in the rain and mud, and while taking tea with the 15th Mass. regiment they received orders to "*March;*" in ten minutes Major Kimball, commanding, was in his saddle, and in ten more the regiment was in line and on its way—the rain pouring down in torrents. That afternoon and night 50,000 men moved on to Williamsburg, and the result of Sunday, Monday and Tuesday's work you know from the papers.

Yesterday morning, as nearly the whole army was going onward, we returned for new orders from Dr. Cuyler—having on board Col. Tristam Burgess, one of Gen. McClellan's aids, wounded in the thigh Monday night. Dr. Bronson and myself gave him care on the voyage, and now he is in the Hygeia Hospital, doing well. This morning Dr. Cuyler received a despatch from McClellan's headquarters, now at Williamsburg, saying that they had 1000 rebel wounded prisoners, picked up in the trenches at Williamsburg, and in a few moments we (thirty special surgeons) sail and report at McClellan's headquarters for immediate service. President Lincoln, Sec. Stanton and Sec. Chase have just passed into the Fort, and street rumor says the President is to lead the army to Richmond. Events move fast, and I will write you again soon. I have not seen Dr. Cabot and his corps.

Very truly your ob't serv't, ALFRED HITCHCOCK.

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*To the Surg.-General.*

SURGEON'S QUARTERS, 1ST MASS. CAVALRY,
Beaufort, S. C., April 24th, 1862.

DEAR SIR,—The health of our men is good. My sick report this morning shows 16 men in quarters, 11 in hospital, and of this number 20 might be returned to duty in case of an attack. They are suffering mostly from diarrhœa, and I have always thought it prudent to send them promptly to their quarters or the hospital, while in reality they were generally able to do duty if necessity required. In this way I have sometimes shown a sick report more than respectable in size, but the result has been I have had no severe cases. There are two reasons why the 1st Mass. Cavalry acclimates so well in this southern country, and suffers so little from disease. The men were recruited with great care, and are all strong and vigorous. Again, every officer, from the Colonel to the Orderly, is vigilant in looking after everything that can affect the health of the men; their quarters, their persons, the kitchens, are inspected daily, and neglect to observe a scrupulous cleanliness in all is promptly punished. We are surrounded by many influences potent in producing a low form of disease. The Michigan 8th, in camp near us, have lost 30 men dead from typhoid fever in fifty days. I only speak of this, because we sometimes hear that our friends in Boston *scold* about the severe discipline of the regiment. Would they be happy if they knew that this discipline, more than anything else, was protecting their soldiers from the ravages of disease?

Yours, &c. OSCAR C. DEWOLF.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

## BOSTON: THURSDAY, MAY 15, 1862.

WE have received two reports of the condition of Military Hospitals at Grafton, Va., and Cumberland, Md., published by permission, and entitled "Sanitary Commission, No. 41." Any one who has read these reports will not be surprised at the fact conveyed in the last three words in the title-page. Truly, it must have been a matter of some deliberation, and not to be done inconsiderately, the publication to the world of such an infamous, disgusting, every way outrageous and exasperating exposition of official neglect, stupidity and ignorance as are enclosed within these forty pages. It is matter of congratulation that the work of publication was entrusted to the Sanitary Commission, who have done it with their usual honesty, and have had the courage to print the plain truth. It must do much good. The country would probably have remained in ignorance of the results of the inspection, ordered by the General commanding the Department of Western Virginia, were it not for this organization. It is a subject for public congratulation that the reports before us were made by the efficient officer who has recently been honored by the appointment of Surgeon-

General of the United States, Dr. William A. Hammond. The modest title affixed to his name in these reports, that of Assistant Surgeon U. S. A., indicates that his promotion was based upon merit rather than personal influence or seniority; and the pages before us show that he is eminently fit for the responsible post to which he has been assigned. We could not have believed, were it not for the multitude of details, which cover these pages, that at the present time, or rather so recently as two months since, after all that has been said in the medical and daily press on the vital importance of attending in the most rigid manner to hygienic rules in the camps and hospitals of our troops, that such wholesale neglect could have still existed. Filth, overcrowding, insufficiency of supplies of all kinds, responsible duties in incompetent hands, are the constantly-repeated features which make up this report. We will quote a few passages from its pages, although it is difficult to make extracts where almost every paragraph contains an abominable fact.

The first regiment inspected was the Ohio 55th, stationed at Grafton, Va., where it had been something less than a month. After describing the filthy condition of the camp and its faulty arrangements, attributed by Dr. Hammond in a great degree to the principal officers not sharing with their men the hardships of the camp, but occupying comfortable quarters in dwelling-houses apart, he says the surgeon was absent, sick, and the whole care came upon the assistant.

> The measles appeared in this regiment on the 13th of February. At that time 165 men of the command had never had that disease; of this number, 100 have since had it. The probability is, that unless something is done to arrest its progress, the remaining 65 will have it. There has also been a good deal of other sickness, consisting principally of chest affections, diarrhœa and dysentery. At present, there are, as near as can be ascertained, 120 sick; which, in a force of 950 men, is excessive. . . . . The men would be comfortable, but for the fact of the lamentable deficiency of bedding. There are bunks, badly made, and straw alone. No bed-sacks, nor any other articles of bedding, have been received from the United States, except 40 blankets.
>
> House *A* has four rooms occupied by the sick. One is 8×12×7=672 cubic feet, about half the quantity of space requisite for one patient, and yet there are *eight men* in this horrible den; each man has, therefore, *eighty-four cubic feet* of space. Can it be wondered that men die of measles (a proverbially mild disease) when crowded in this manner? The stench from this room was sickening. There were but two windows, and they were closed. . . . . The following table, showing the proper capacity of the whole house, speaks for itself:—

| | Capacity in cubic feet. | Present number of patients. | Proper number of patients. |
|---|---|---|---|
| 1 Room - - - - - | 672 | 8 | ½ |
| 1 " - - - - - - - | 840 | 6 | ⅔ |
| 1 " - - - - - - - | 840 | 4 | ⅔ |
| 1 " - - - - - - - | 1,575 | 6 | 1¼ |
| Total - - - - - | 3,927 | 24 | 3½ |

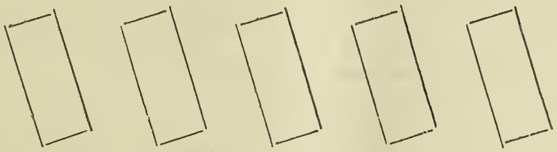
> Throughout the entire building, as an average, the patients have but about one hundred and sixty-three cubic feet of space each.

Of course it is not surprising that there had been ten deaths in the regiment during the short period they have been in this camp, all of which might, probably, have been prevented by proper attention to the laws of health. The whole space occupied by this camp was 30,000 square yards, and the population of it was at the rate of 1,000,000 to the square mile, more dense by five fold than the densest and most degraded parts of London! This report concludes with excellent suggestions for remedying the existing evils.

The second report, on the Hospitals at Cumberland, is more full, as the field for inspection was larger; but it tells the same story of neglect and incompetency. We have not space for the details which we should like to quote—they are absolutely sickening. Suffice it to say, that instead of from 1,200 to 1,500 cubic feet of air for each man, in some of the hospital rooms there was less than 150 feet for each! The average proportion seems to have been less than 500 feet, and the largest amount, in a single instance, was 990 feet. Of one of the apartments occupied by a male nurse, the inspector says it "is worse than a pig-stye." We can well agree with him when he declares

> I do not hesitate to say, that such a condition of affairs *does not exist in any other hospital in the civilized world;* and that this hospital is altogether worse than any which were such *opprobria* to the allies in the Crimean war.

Among the remedial measures suggested is an excellent plan for hospital huts, thirteen of which at $1,000 would cost less than the money value of thirty soldiers to the United States. It is proposed that they should be—

> Each 150 by 30 feet, ten feet high at the eaves, and unceiled. Each would, therefore, have over 70,000 cubic feet, if the roof, which it should be, is sufficiently high pitched. They should be ventilated at the sides and ends by windows, and at the top by ridge ventilation. Thirteen would, I think, be sufficient; ten for patients, one for offices, &c., and two for kitchens. The three latter need not be so large as the former, and might be differently arranged. These huts should be so placed that the wind, no matter from what quarter it should blow, would circulate freely around them. This would be accomplished by placing them *en echelon* thus:—
>
> 
>
> I think accommodation for 500 would be sufficient.

Much as we regret the exposures which these reports contain, it is satisfactory to know that they are the first step towards improvement.

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HOMŒOPATHY, ITS PRINCIPLES AND PRACTICE.—Dr. William Roberts, of Manchester, England, was recently led to make some investigations relative to homœopathic practice in that town, the results of which he has embodied in a pamphlet of 84 pages. It appears that the homœopathic practitioners of Manchester do not practise what they preach; that, in other words, they are in the habit of prescribing many of the more powerful drugs in their legitimate doses, disguising their prescriptions so as to effectually deceive ordinary druggists, by which powerful medicines are given without the possibility of detection by the patient. In fifty-three out of the sixty-seven so-called homœopathic prescriptions he took the pains to collect, the amounts ordered are palpable quantities, if not full ordinary doses. In the case of a young man with epilepsy, to which he alludes, he discovered that the medicine administered to the patient, who imagined himself much benefited by the homœopathic treatment, was the phosphate of zinc, in three grain doses, three times a day.

New York State Medical Society.—The annual address before the Medical Society, together with the Legislature, of the State of New York, was delivered in the Capitol at Albany, February 6th, by the President, Dr. Edward H. Parker. The subject of the address was the essential dignity of the medical profession, a subject well chosen for such an occasion, and treated with ability and good taste, evincing a high appreciation of the calling and responsibilities of the physician. Dr. Parker is a native of Massachusetts, and has earned by his talents and industry an honorable distinction in the profession of his adopted State.

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Long Island College Hospital.—During the month of April, 1862, there were 575 patients treated in the Out-door and In-door Departments of the Hospital. Of this number, 338 were medical cases, 176 were surgical, and 61 were diseases of women. In the treatment of these cases, 953 prescriptions were dispensed in the establishment. The following is a correct classification of the diseases under treatment, but in order to avoid prolixity it is somewhat *generic*, as all the diseases incident to this latitude are represented, and their specific enumeration would be tedious, and would occupy a large amount of space.

| | Cases. | | Cases. |
|---|---|---|---|
| Diseases of the nervous system, | 9 | Ulcers (5), wounds (10), contusions (7), | 22 |
| Of the digestive organs, | 74 | | |
| Genito-urinary organs, | 23 | Burns (4), scald (1), | 5 |
| Lungs, | 87 | Tumors, | 4 |
| Heart, | 4 | Hernia, epulis, prolapsus ani, fistula in ano, nævus, ganglion, of each 1, | 6 |
| Throat, | 17 | | |
| Skin, | 38 | | |
| General system, | 19 | Intestinal worms, | 5 |
| Bones and joints, | 10 | Enlarged glands (4), foreign bodies (4), | 8 |
| Eye, | 11 | | |
| Ear, | 5 | Teeth extracted, | 32 |
| Fevers, | 19 | Vaccinations, | 37 |
| Rheumatism, | 14 | Unclassified, minor, &c., | 44 |
| Fractures | 11 | | |
| Abscesses (11), felons (3), | 14 | Total, | 514 |

Of the 61 diseases of women, the following is a specific classification, furnished by Prof. E. N. Chapman:—

| | Cases. | | Cases. |
|---|---|---|---|
| Ulceration of os uteri, | 9 | Ovarian dropsy, | 2 |
| Congestion “ “ | 2 | Debility from lactation, | 4 |
| Prolapsus uteri, | 4 | Abscess of breast, | 2 |
| Prolapsus vesicæ, | 3 | Vascular tumor of urethra, | 1 |
| Anteversion of uterus, | 1 | Change of life, | 2 |
| Retroflexion “ | 1 | Vaginitis, | 1 |
| Procidentia “ | 1 | Accouchement, | 1 |
| Narrowing of cervical canal, | 1 | Unenumerated, &c., | 5 |
| Cancer of uterus, | 1 | | |
| Fibrous tumor of uterus, | 1 | Total, | 61 |
| Amenorrhœa, | 9 | To which add | 514 |
| Menorrhagia, | 3 | | |
| Anæmia, | 7 | Making a total of | 575 |

William Gilfillan, M.D., *Sec. to the Faculty of the Hospital.*

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New York Ophthalmic Hospital.—The Directors of this Institution have removed their Hospital from No. 63 Third Avenue to the former mansion of Peter Cooper, Esq., 387 Fourth Avenue, corner of 28th Street. The building has been thoroughly repaired and fitted for the accommodation of patients, who can have all the comforts of home. The charge for board is $3.50 per week, payable in advance. To the poor the services of the attending surgeons are gratuitous. The Hospital is admirably located in a healthy neighborhood, near the terminus of the Eastern and Northern railroads. It is also in the immediate vicinity of all the medical colleges, giving the profession and students of medicine an opportunity of witnessing operations upon the eye. The attending surgeons are Mark Stephenson, M.D., John P. Garrish, M.D., and Marcus P. Stephenson, M.D. The consulting surgeons are Prof. Valentine Mott, M.D., and D. L. Rogers, M.D. Peter Cooper, Esq., is the President of the Association, which was founded in 1852, and has treated over 10,000 patients since its organization.

English Hospitals.—In an interesting paper upon the subject of English Hospitals, by Dr. Le Fort, the author passes a very high eulogium upon their management, in respect to the cleanliness and neatness of the wards, and especially approves the absence of curtains between the beds, which, when employed in French hospitals, tend both to encircle the patient in a vitiated atmosphere and to impede the general circulation of fresh air. In conclusion, Dr. Le Fort asserts, says the correspondent of the *Medical Times and Gazette*, "that the hygienic conditions of the English hospitals are, upon nearly all points, superior to those of the French, and he considers that this pre-eminence is due, chiefly to the scrupulous observance of innumerable precautions which, considered separately, are insignificant, but when united, acquire a vast importance, and that amongst these, the plan of treatment adopted, embracing, as it does, abundant nourishment, wine, and opiates for persons operated on, is entitled to a share of consideration. To those who may be disposed to contradict his opinion, he says, 'If there be any physiological or morbid state in which the comparison will be practicable and fair, and in which, in fine, the influence of the hygienic conditions of an hospital can be best felt, it is the puerperal state. Well, then, in one of the London hospitals, Guy's Hospital, during a period of seven years, and out of a total number of 11,998 labors, one woman died in 331; whilst during the last ten years, at the Maternity Hospital in Paris, one died in thirteen.'"

Iodide of Ammonium in Syphilis.—Gamberini employs iodide of ammonium in the treatment of syphilis. According to him its action is rapid and certain in all cases where iodide of potassium is indicated, to which it is superior as being quicker in its action, and in requiring to be given in smaller doses. The forms of the disease in which the remedy was found useful were consecutive hardenings, the remains of indurated chancres, indurated glands, arthralgia, periostitic affections. In the cases of muscular and articular pains of syphilic origin, Gamberini employs the iodide of ammonium in the form of a liniment, consisting of fifteen grains in an ounce of olive oil. Intolerance of the remedy is indicated by a feeling of burning in the throat and stomach, which, however, disappears when the medicine has been discontinued for a day or two.—*Edinburgh Med. Journal* from *Bullet. delle scienze mediche*, and *Prag. Vierteljahrschrift*, 1862.

ARMY MEDICAL APPOINTMENTS.—The Governor of Ohio has made the following surgical appointments:—Dr. E. S. Muscroft, surgeon to the 9th regiment; Dr. James T. Webb, Surgeon's Mate to the 2d; Dr. C. R. Greenleaf, do. do. to the 5th; Dr. F. W. Ames, do. do. to the 6th; Dr. S. Sexton, do. do., regiment unknown.

The following surgeons have volunteered to go to Yorktown, if necessary, at the call of the Secretary of War, through Governor Buckingham, of Connecticut:—Drs. P. A. Jewett, L. G. Hubbard, T. B. Townsend, C. A. Lindsley, L. J. Sanford and W. B. Casey, New Haven; R. G. Rockwell, of Waterbury; Robert Hubbard, of Bridgeport; D. S. Burr, of Westport; R. C. McEwen, of Stratford; R. McLord, of New London. There are several others, from different portions of the State, who have reported to the Governor.

Samuel Lamson Gould, M.D., has been appointed Acting Assistant Surgeon in the Navy, and ordered to Report to Com. Paulding.

THE number of deaths in the city of Providence, R. I., during the month of April, 1862, was 56—being 26 less than in April, 1861, and about the same number less than the average of deaths in April for the last six years. There were 14 deaths by consumption during the last month, 17 were under 5 years of age, and 2 between 80 and 90.

THE Annual Meeting of the Illinois State Medical Society has been postponed the present year, on account of so many of the officers and active members being engaged as surgeons in different divisions of the Army.

DEATH OF DR. J. B. BROWN.—We have just learned, with much pain, of the death of Dr. J. B. Brown, of this city, which took place at his residence in Joy Street, this morning, May 14th.

A MEETING of the Censors of the Massachusetts Medical Society for Suffolk District and the Society at large, will be held at No. 15 Arlington Street, on Thursday, May 22d, at 4 o'clock, P.M.

HENRY W. WILLIAMS,
*Chairman.*

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MAY 10TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 34 | 36 | 70 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 37.6 | 36 3 | 73 9 |
| Average corrected to increased population, | .. | .. | 82.50 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 11 | 0 | 2 | 7 | 5 | 0 | 1 | 1 | 0 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending April 26th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.975 | Highest point of Thermometer, | 65.0 |
| Highest point of Barometer, | 30.338 | Lowest point of Thermometer, | 28 0 |
| Lowest point of Barometer, | 29.564 | General direction of Wind, | W.N.W. |
| Mean Temperature, | 45.2 | Am't of Rain (inches), | 1.03 |

COMMUNICATIONS RECEIVED.—Letter from Surgeon Jas. H. Thompson, 12th Maine Regiment.

DIED.—In this city, 14th inst., John B. Brown, M.D., 77.

DEATHS IN BOSTON for the week ending Saturday noon, May 10th, 70. Males, 34—Females, 36.—Abscess, 1—accident, 2—apoplexy, 1—disease of the brain, 5—inflammation of the brain, 1—bronchitis, 4—cancer, 1—consumption, 11—convulsions, 4—croup, 2—dropsy, 1—dropsy of the brain, 4—dysentery, 1—epilepsy, 1—scarlet fever, 7—typhoid fever, 1—disease of the heart, 3—infantile disease, 2—inflammation of the lungs, 5—marasmus, 2—measles, 1—old age, 1—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal disease, 1—rheumatism, 1—scrofula, 1—teething, 1—unknown, 2.

Under 5 years of age, 35—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 7. Born in the United States, 50—Ireland, 11—other places, 9.

THE

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## CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement by J. MASON WARREN, M.D.]

CASE I.—*Remarkable Tumor over the Os Frontis, containing Air.*—D. B., of Manchester, N. H., applied to me for advice, November 28th, 1861. Four years before, he had received a severe blow on the forehead from a heavy branch of a tree. Great swelling ensued, and he was confined to the house for a week or ten days. The swelling gradually subsided, leaving, however, a sensation of dull pain in the part, accompanied, from time to time, by soreness and tumefaction. In July, 1861, while at work in the hay-field, he was seized with severe headache and other symptoms indicative of cerebral disturbance. Soon after this attack, a tumor appeared over the seat of the original injury, covering nearly the whole forehead. After a great deal of suffering, a discharge of pus took place from the left nostril, affording temporary relief. Subsequently, the tumor became tense again, and was opened with a lancet, which gave vent to a small quantity of matter; a second operation resulted, as he says, in the escape of blood only. His sufferings continued to increase until the date of his visit to me. At this time they were so excessive, and the constitutional symptoms of such a character, as to lead him to the conviction that his case was altogether hopeless. The whole forehead was occupied by an elastic swelling, of the size of half of a large orange, partially divided in the centre by a vertical depression, caused, apparently, by the tendon of the occipito-frontalis muscle. The marginal base of the tumor seemed to be formed by an elevation of bone, about an inch high, as if the tumor had been forced out from within the cavity of the cranium, pushing the bone before it. By pressing firmly upon the upper part of the tumor, irregular masses of bone could be distinguished, some of them loose, others forming bridges under which the fluid contents of the tumor could be forced with a gurgling sound. It was highly resonant on percussion. Air could be readily forced into it from the nostrils, and the tension thus imparted to it remained for a long time, owing, probably, to the interposition of a bit of loose tissue, acting like a valve. During violent exercise, also, the tumor generally became inflated.

The diagnosis was a collection of pus, beneath the occipito-frontalis muscle, communicating with the frontal sinuses; but whether it originated from periostitis, or from disease of the diplöe, or from a tumor arising within the cranium, appeared doubtful.

*Operation, Nov. 30th.*—The patient was etherized, and an incision made in the median line large enough to admit the finger. A quantity of air escaped, and the finger, which was passed into the wound, detected the fact that the bone was everywhere in a carious state. The incision was then extended, and crossed at right angles by another, so as to expose a large surface of the diseased bone. The whole external table of the frontal bone was much thickened, and in process of exfoliation. A probe passed readily into the frontal sinus, and from thence, with some management, into the left nostril. The patient, on recovering from the effects of the ether, was able to force air freely through the wound. Blood escaped, also, into the nasal cavities. The apparent elevation of bone around the tumor was not owing to an expansion of the outer table of the skull, as at first supposed, but to inflammatory action in the soft parts; a deception similar to that which is often found to follow blows on the head, causing an appearance frequently impossible to distinguish from a depression of the bone. In the present case the illusion was perfect. A compress was applied between the lips of the wound, which was left open to favor the separation of the necrosed bone. The patient was immediately relieved, and the following night slept better than for six months before. The fifth day after the operation, it was found possible to detach some large plates of bone, which were sufficiently movable to be taken away without violence. In the course of another week the patient went home, entirely free from pain and in good health; it was thought unnecessary to detain him longer in town, as the exfoliation of the carious bone would probably require a long time for its completion.

A month or six weeks later, he made a second visit to Boston, when, after considerable manipulation, another long and thick piece of bone was removed from near the centre of the os frontis. The anatomical appearance of this fragment led to the supposition that it might be made up of both tables of the skull. No bad symptoms followed its removal, and the suppuration of the wound was much diminished by it. His health appeared to be excellent.

Within the last few weeks he has again come to town, on account of a purulent collection under the integuments of the forehead. This being relieved by an incision, loose bone was again removed. It is probable that this process will be repeated until all the diseased bone is detached.

# CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

## No. III.—Healing by Granulation.

J. K., a joiner by trade, about 35 years of age, was accidentally run over by a railway train at Berlin station, between Hartford and New Haven. His left foot and ankle were caught under the wheel and reduced to a mere crushed mass, utterly precluding all hope of saving the foot. When called to him, I found him almost in a state of collapse, as some two or three hours had passed since the accident, and the hæmorrhage had been profuse. I secured one or two vessels which were then bleeding freely, and disregarding all solicitations to remove the foot then, put the tourniquet in a position to be easily applied, and ordered diffusible stimuli and various outward appliances to rouse the vital powers. At the end of about twenty hours, he seemed to have rallied sufficiently to warrant an operation, and I amputated the foot at a point about two inches above the malleoli, making full and long flaps above and below, in what seemed to be sound and uninjured flesh. I was sorry, however, to find symptoms of sloughing in the upper flap, in about twenty-four hours after the operation, which went on, despite all efforts to prevent it, until the whole flap had dropped off, and, more than that, the tibia was denuded for about an inch. The whole anterior surface of the limb became much discolored, and the ecchymosis, extending to the knee-joint, showed that the soft parts had sustained more injury than at first appeared. Sloughs also established themselves, in patches, upon the other leg, indicating that that, too, had sustained some bruising.

Under general tonic treatment, and local application of disinfectant and stimulant poultices, the sloughs gradually separated, and the process of granulation commenced. The question then arose, could a re-amputation be avoided. The tibia, as before stated, was bare for about an inch. The end of the fibula was also visible. The heavy lower flap, remaining of its original length, unless well supported, had a tendency to drag itself away from below and peel off from the bone. My own opinion was, that a fresh operation was decidedly indicated; but, as the patient was so opposed to it, and wished to see what could be done by waiting, I acquiesced, and began a course of treatment, with a view to favor the efforts of nature in covering the denuded bone. The edge, where the line of demarcation formed, was somewhat crescentic, and here and there irregularly eaten out. The attempt was made, and was successful, to entice the granulations along this edge to spread over the bone. The lower flap was well kept up and maintained in a position to give a good cover for the end of the bone. At the end of several weeks, the granulations from above had formed a flap which could be brought into contact with the lower flap. I then thought of bevelling the sharp angle of the tibia, before attempting to get union, but was anticipated by the natural process, which removed by exfoliation, in one piece, about the same amount of bone as I had intended to take away. The two flaps were then made to unite by diligent scarification of their edges, continued each day for many successive days.

It is now some six months since the accident, and the stump appears well, and seems to be useful. The good firm cushion of the lower flap sustains the ends of the bones, and that above, formed wholly by granulation, seems likely to answer every purpose. This part is quite thin, but gives no trouble in walking with an artificial leg, and, perhaps, never will, as this surface of the tibia is, by nature, subcutaneous.

I relate this case, not presuming to draw from it an inference to apply in other instances of the kind; but merely to show what, with patience, may sometimes be hoped for from the natural reparative powers.

## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 291.]

2. *Fever and its Treatment.*—The cause of common typhoid fever is an unsettled question. Ages have been spent in searching among the solids for organic changes that may account for its phenomena; and the result has been, the discovery of ulceration, or other abnormal changes in certain glands of the small intestines. No one, I presume, thinks that these morbid changes are the cause of fever; on the other hand, they are to be regarded as manifestations of the disease, as eruptions on the skin are manifestations of measles or smallpox, and ulcers are manifestations of syphilis. I think that the profession may safely come to the conclusion that our common fevers are not the consequence of diseased structure. And before the cause shall be discovered, it will be necessary for them to search among other constituents of the body, and adopt modes of examination different from what have hitherto been pursued.

Continued fevers are not caused by inflammation; but fever symptomatic of inflammation, and typhoid fever, present resemblances and differences, which it may not be amiss to consider in this place. In both, an unusual impression has been made on the dynamic powers. But the impression in the former case is direct, in the latter indirect. In both there is an unusual disturbance both of the nervous and the circulatory systems. Inflammatory fever is the result of a direct impression made upon the skin and mucous membrane of the respiratory organs. Typhoid fever is the result of an impression made upon the dynamic powers through the circulation. In the former case, the impression is commonly made by cold of an unusual amount; the latter by "some miasm, or something hurtful, either ingenerated in the body or introduced from without.*"

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* Hippocrates, as quoted by Good.

A striking difference is also to be noticed in the use of remedies, in these two affections. If a free perspiration can be excited within a few hours after exposure to cold, the patient can be relieved from any serious trouble. In a typhoid patient, if a free perspiration can be excited at the onset, there also *may be*, for a time, relief, and the physician may flatter himself that his patient is well. But not so; for within twenty-four hours, there will be a return of the febrile symptoms, and the disease will run its regular course. And as the disease advances, the medicines which are found beneficial in purely inflammatory diseases, produce no effect in purely typhoid cases. We have no medicines, upon which we can rely, for arresting this disease. But I have thought that the disease was milder, in cases where free perspiration was produced in an early stage, than in cases where there has been no such perspiration. It is assumed that the cause of typhoid fever exists in the blood, " either ingenerated or produced from without." No direct facts can be produced in support of this opinion; and cases are constantly occurring which can be traced to no apparent cause. Still, this opinion receives support from analogy; as in fevers occurring in malarious districts, in which the cause is evident, and in the more malignant forms of yellow and ship fever, which have had their origin from local causes which are apparent; an instance of which occurred nearly forty years ago in Boston, in the case of the ship Ten Brothers. The hold was found to be in a very foul condition, and, if my memory does not fail me, every individual exposed to it was attacked with fever of the most malignant form, and most of them died. In disease incurred during autopsies we have an opportunity of observing the effects of poison in the circulation. It arises from a minute point, usually on the finger; thence it extends to the hand, to the arm; soon its effects can be observed on the brain, finally on the whole system. As the disease advances, there can be observed great prostration of all the powers, alternate chills and heat, pain in the head, back, limbs, loss of appetite, quick pulse, short breath, diminution of the excretions, delirium, coma, and, too often, death. In cases of this sort, supposing the local symptoms could be kept out of sight, and the constitutional symptoms alone be presented to the physician, if he should not call it a typhoid or a typhus fever I think he would be puzzled to find a name for it. Do not cases of this description present, in their constitutional symptoms, an epitome of the worst forms of fever?

The difference between the affection caused by a wound and a typhoid fever, in their origin, is, that the former is produced by inoculation, the latter by gradual inhalation from without, or gradual generation of the poison within. The former is caused by poison sent into the system in a fluid form and in a highly concentrated state; the latter in a gaseous form, much diluted by the atmosphere, or by slow internal development. The former is introduced at a single point of the body, and at a single point of time; the latter, when from without, is introduced by degrees through the whole surface of the bronchial tubes, and usually comes on insidiously—differing, however, in this respect, in different cases, according to the virulence of the poison. The morbid poison once fairly pervading the system, we see the same disturbance in the nervous and circulatory systems, the same interruption of all heathful functions both of body and of mind, as are to be seen in the severest forms of fever; with this difference, however, that the typhoid fever, being more gradual in its rise and progress, gives birth to a greater variety and succession of symptoms consequential to each other, than the inoculated disease in its rapid course can allow time for the development of.

With this complexity of symptoms, the typhoid patient lingers along through days and weeks of weariness and suffering to himself, and of care and fatigue and anxiety to his friends, and life is reduced to its lowest ebb. At last, the patient ceases to grow worse, and soon improvement can be seen; and after weeks more of languor and debility, the patient is restored to health. And a case of this sort is set forth as a triumph of our art. Is it so? Can such a case be regarded as a triumph, or a subject of boasting? Is it not, rather, a cause of humility, that at this age of the world so little has been done to diminish the sufferings or the mortality from fever!

"We cannot cure fever." "It is, however, curable by itself." "We cure the patient by preventing him from dying." These are the words of Dr. Stokes. In the present state of our knowledge, recovery from a severe attack of fever may be a source of satisfaction to the physician, and creditable to his skill. But I never hear of such cases, or see them myself, without feeling that there is a great want in the medical art, yet to be supplied—to wit, an antidote to the poison which is pervading the system, and causing so much disturbance. I believe that such an antidote exists, and that it will yet be discovered. I believe, where an evil is allowed, a remedy sooner or later will be provided. It will be in vain to look for this remedy among agents intended to restrain or correct abnormal action, or to restore structural changes which have grown out of such action, but among those agents which will have power to counteract, neutralize or destroy the poison, which I believe to be the sole cause of all these troubles.

3. *Cinchona in Intermittent Fever.*—Happily for mankind and for the profession, a remedy has been discovered for one form of fever. Intermittent fever being caused by a miasm which has poisoned the whole system—according to the views presented in this paper—can be cured only by some antidote which will neutralize the poison. This has been found to reside in the bark of cinchona, or its derivatives. In regard to mercury and quinine, Dr. Pereira makes the following remarks:—"The benefit procured in venereal disease by mercury, and in ague by sulphate of quinia, cannot be accounted for by reference to any physiological effects which these substances produce, and our use of them, therefore, is at present empirical." To this remark I would make the inquiries—Do we know more than

two powers in the animal system affecting its functions—viz., the physiological, vital, or dynamic; and the chemical? and must not all action, which cannot be accounted for on physiological principles, be referred to chemical?

4. *Scarlet Fever.*—Thirty years ago, scarlet fever was subjected to the most active treatment. Some were cases of high excitement, and to be treated accordingly. Others were cases of extreme depression or debility, with tendency to putrescency, and wine and brandy and bark were plied incessantly. Still, many would die in spite of all the doctor *could do*, and others recover in spite of all *he did*. Now physicians are at a stand; and with most, the disease is left to work out its own cure. Mild cases recover, as they ever have done. In the severer cases, some patients recover after much suffering; probably more than when very active measures were adopted. Still the disease continues its ravages; still it swells the bills of mortality to a fearful amount; still it is the dread, both of physicians and of parents; still from all parts of the land the wail of grief arises from homes made desolate, and hearts rent by this foul destroyer. Is there nothing left for the physician to do? Has he reached the "*ne plus ultra*" of the healing art? And is he, in all time to come, to stand by, and with philosophic coolness watch the course of the disease? I cannot think so. On the other hand, it seems to me that the profession would prove themselves unworthy of the trust committed to them, if they cease in their efforts to check or control this dreaded disease. The great cause of failure in the treatment of scarlatina has arisen, in my apprehension, from a false view of its nature. It has been treated as a purely dynamic affection. And yet, to my mind, it evidently is not so. It is neither a disease of excitement nor a disease of depression of the vital powers, nor in any sense, primarily, a disease of the vital textures. But it is a disease arising from a poison, circulating through the system, disturbing its functions, corroding its textures and exciting varied forms of diseased action.

The remainder of this article I wish to devote to the consideration of a single medicine in the treatment of this disease.

*Carbonate of Ammonia in Scarlet Fever.*—This remedy for scarlatina seems to have attracted but little attention in this country, although several physicians, both in England and Germany, have borne strong testimony in its favor. Dr. Withington was the first physician, of whom mention has been made, who used this medicine in scarlatina; but it was Dr. Peart who particularly directed the attention of the profession to its use.

In *Braithwaite's Retrospect*, Part 24th, January, 1852, page 24th, Article, *Acute Glanders*, by Dr. W. F. Mackenzie, there can be found some valuable suggestions in regard to the use of this medicine. From this article I make the following extracts. "Dr. Withington's mode of administering the medicine, it seems, had proved unsatisfactory in the hands of other physicians. On this point, Mr. Withington remarks, 'It has been observed that Dr. Peart has no claim to originality in the employment of the subcarbonate of ammonia in the cure of scarlatina, Dr. Withering having used the same remedy many years before; but may there not be almost as much originality in the manner of exhibiting a remedy, as in the first adoption of it? It was an essential part of Dr. Peart's treatment of scarlatina, that it must be given in a state as strongly stimulating as it can be swallowed. His mode of exhibiting it is contained in the following passage, which is quoted from Dr. Willan." "He dissolves two drachms in five ounces of water, and directs his patients to take two teaspoonsfull every two, three, or four hours, according to the urgency of the symptoms." If the difficulty of swallowing abates, and the patient wish for it, a little cold water may be added to each dose. Cold water or toast-water may be drunk at pleasure. The above remedy was given in every *form* and every *stage* of the scarlatina." "Some," he says, "were glowing with universal efflorescence; in some the extremities were swelled; in others, fœtid ulcers appeared; in most, the throat was swelled, often ulcerated; but in the most alarming, scorching fever and raving delirium rendered the patient's situation horribly distressing. Yet, in all these variations of the disease, the volatile alkali was my specific, which I administered to between two and three hundred patients successively and successfully." "In the year 1803," says Mr. Wilkinson, "I attended several cases of scarlatina with Dr. Willan and the late Dr. Hamilton. It is well known that the disease raged most fatally during that period, and we lost four of our patients out of five in one family. Never were men more puzzled to know what remedies to adopt. All which Willan in his publications has recommended, were adopted:—emetics, purgatives, calomel, antimony, many other diaphoretics, opium, *wine and acids, bark,* blisters, applications of cold water, all without the least good effect, all without making the least sensible impression upon the disease in any of its stages. About this time Dr. Peart published his 'Practical Information on the malignant scarlet fever and sore throat,' in which he describes the wonderful effects of the subcarbonate of ammonia, and considers it endowed with specific power over that disease. Like other practitioners, he was constantly lamenting the loss of his patients by that dreadful malady, till, by his own suggestion, he employed the subcarbonate of ammonia in the manner he describes; and from that moment he did not lose one patient out of three hundred." "When I read this account," says Mr. W., "I immediately inquired after the character of Dr. Peart, and finding that he was most respectable both in probity and talent, and engaged in a very considerable practice, I saw no reason to doubt the truth of his statements, and therefore immediately adopted his remedy," "and I am happy in being able to declare that, from that moment to the present, a space of seventeen years, I have not lost a patient (in this disease), and have never had a case of the kind that has appeared dangerous, or that has given me a moment's anxiety."

In the same article, we have the testimony of Mr. Ricordo, of Bow, a gentleman of great ability and very extensive practice. He says, "I am situated in the neighborhood of many schools, which I have the pleasure of attending, and during twelve or fourteen years, in which I have used the carbonate of ammonia (in scarlatina), I have not lost a single patient, out of some hundred whom I have attended."

Such are the strong statements in favor of this medicine in England. In Germany, it is said, it has also been used, and received the approbation of several distinguished physicians. Whether this medicine has been fairly tested in this country, I am not prepared to say. I have heard of several physicians who have used it, most of whom have spoken favorably of it. But I am not aware that any detailed account of cases treated by it has been laid before the profession.

[To be continued.]

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## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

April 28th.—*Hay-Hook Case.*—Dr. Jackson read the following history, which he had received from Dr. Alfred Hitchcock, of Fitchburg:

"I send you a hay-hook removed after death from a boy about 10 years of age, in Winchendon. The case occurred in May, 1861, in the practice of Dr. Alvan Godding, of that town, and to whom I am indebted for the relic. The boy slid from the hay-mow with his thighs bent on his body, and the point of the hook entered the right thigh on the posterior and inner aspect near the middle, penetrating the muscles, and entering the abdomen under Poupart's ligament by the side of the femoral vessels; passing onward, it pierced the ileum, passed behind the liver, pierced the diaphragm, passed behind the lung, and passed out between the seventh and eighth ribs; the barb caught on the eighth rib, but the point did not penetrate through the skin. The external iliac vein was wounded, and fatal hæmorrhage occurred in the abdomen. He died in three hours and a half after the accident. I hastened to see him, in obedience to a telegram, but he was dead before my arrival; and I assisted Dr. Godding in the *post-mortem* examination."

The hook was removed after death; and, the handle having been sawed off, the iron portion was sent to the Museum of the Medical College by Dr. H., and was exhibited to the Society. It resembles the one figured by Dr. Maynard, in the case reported by him in the *Boston Medical and Surgical Journal,* August 13th, 1857; measuring 17 inches in length, and $\frac{7}{16}$ of an inch transversely, and inclusive, across the barb.

April 28th.—*Pyæmia.*—Dr. Warren reported the following case of pyæmia.

A young, healthy man, 21 years old, who had served with the three months' volunteers, was brought into the Hospital on the 8th of April, 1862, having had his arm not long before caught in a moulding machine, in which a number of knives revolve with great velocity—according to the patient's account, 2500 times in a minute. The flesh and bones were cut through in numerous places, requiring amputation about four inches below the shoulder-joint. The amputation was rapidly performed, and the stump apparently as good as could be desired, the muscles looking very red and healthy. The usual number of vessels were tied. The wound was dressed, after all appearance of oozing had stopped, by being brought nicely together by sutures and bandages. In the course of the night, a sudden and active bleeding took place, requiring the wound to be opened and a vessel tied.

On the following day, he was seized with violent pains in the stump, requiring two or three large doses of laudanum for its relief. On the 10th, the paroxysm of pain was repeated. On the 11th, the pain was so severe that he was etherized, the sutures were removed, and a poultice applied to the wound, with some relief. On the 14th, the pain ceased. On the 16th, he had had the best night since entrance, and seemed better. On the 18th, projecting from the middle of the stump, and at first looking like the bone, a slough was perceived, being in the situation of the biceps muscle. This, on the 22d, separated in a mass of hard twisted muscle, like a bit of twisted rope, about two inches long, leaving the rest of the stump looking quite healthy. On the 23d, very feverish, with chills, and at times delirious. On the 24th, these repeated, with pain over the whole body, and a sensation as if he was burning up inside. The same afternoon he had two severe chills, lasting about an hour each, followed by heat and profuse sweating. In the following night he had another attack of chills, followed, as before, by reaction. On the 25th, he had aching pains over the whole body, with intense thirst and profuse perspiration. Pulse, 134. These symptoms continued till his death, at noon of the 27th.

During the whole of his sickness there was no redness nor tenderness in the course of the lymphatic vessels or veins, and no tenderness of the joints, and the only local symptom of disease was an oppression at the epigastrium and about the sternum. There was no cough, and no physical signs of disease about the chest.

On examination after death, by Dr. Ellis, the lungs were found dotted over with black ecchymosed spots, in the centre of one of which was a purulent deposit. One or two quite large masses of this description were found. The spleen was three or four times its natural size, and much softened—other parts healthy.

Dr. W. attributed the violent attacks of pain in the stump, and the subsequent sloughing of a bit of the biceps muscle, to the great twisting of the muscles and nerves, produced by the rotatory motion of the machine at the time of the injury. This is not infrequently observed after railroad accidents—the muscles, at the point of amputation, appearing to be quite healthy at the time of the operation, but sloughing afterwards, up to the next joint. After the separation of the slough in the present case, the attacks of pain were greatly mitigated, and for some days before his death entirely subsided. The stump appeared quite healthy, with the exception of a slight denudation of the end of the bone.

The appearance of the patient after the attacks of fever had commenced, was like that of a person partially asphyxiated—the face pale, blue, pinched, tongue dry. At the commencement of the disease, the body was manipulated everywhere, to discover if any tender spots could be detected, or any of the more usual signs of purulent infection found, but none could be discovered.

March 24th.—*Cases of Extraordinary Fecundity.*—At a late meeting of the Society, the question arose as to how many children had ever been born at one birth. Dr. Warren remarked that many years ago, while travelling in England, a house was pointed out to him, in which, it was said, were then living five children born at one birth. At a subsequent meeting, Dr. Warren read an abstract of several published cases, as follows :—Ambrose Paré, who may be believed when he quotes from his own experience (Lib. 25th, cap. 3d), states that in his time, in the parish of Seaux, near Chambellay, there was a noble family of the name of de Maldemeure. The wife of the last lord of Maldemeure gave birth, within a year after her marriage, to twins ; the next year she had three children ; the third year, four ; the fourth year, five ; and the fifth year, six. In this last labor she died, and of the six children one survived, and is now lord of Maldemeure.

Another case of six children at a birth is copied from the *Gazette Médicale* into the *American Journal of Medical Sciences* (vol. 12, for the year 1833). "On the 30th of December, 1831, the wife of a man named Dernian Ploson, living in the village of Dropin, in Bessarabia, was delivered of six daughters (the fruit of one pregnancy), all living, and only a little smaller than the usual size of children at birth, with the exception of the last, which was much the least. The mother is not quite 20 years old, and is of a strong constitution. The whole six children lived long enough to be baptized, but died in the evening of the day of their birth. The mother suffered from a severe indisposition subsequent to her confinement, but is now quite well."

Dr. Garthshore (*Phil. Trans.*, b. 77, 1787) reported a case which occurred in the practice of John Hull, Surgeon. On the 25th of April, 1786, Margaret Waddington, a healthy woman of 21 years, gave birth to five girls. Of these, two were alive, but soon died ; one was but recently dead ; and the other two were putrid. There were five distinct sacs and cords, but the five placentæ were so fused together as to appear but one. The portions of placenta belonging to the two putrid children were also slightly putrid.

Dr. G. states that in the *Commercium Literariam Norimbergense*, for the year 1731, two cases are reported of five living children at one birth. Of these cases, one occurred in Upper Saxony, the other near Prague.

Dr. G. also states that two foreign medical men, whom he had met in London, related to him cases of five children at a birth, which were said to have occurred near Ghent and near Paris. Of these cases he heard nothing more, and felt in doubt as to the accuracy of the report.

In the list of births recorded in the *Gentleman's Magazine*, two cases are given of five children at a birth. The first occurred October 5, 1736, in a dairy-cellar, in the Strand, London. Three of the children were boys. The other case occurred in March, 1739, at Wells, in Somersetshire. The children, four boys and one girl, were all christened, and reported likely to live.

Two or three of the following cases are quoted from Dr. Paul F. Eve's curious and interesting work of Remarkable cases in Surgery.

(*American Journal of Medical Sciences*, vol. iv., 1829.) Case of five children at a birth, furnished by Dr. Weiss, and communicated to the clinique by M. Carus. A woman 27 years of age, of medium stature, who had been married five years, after having given birth to twins two years before, was put to bed with five children. The regular period of pregnancy was past, and nothing in particular occurred, except that the woman felt herself more feeble than usual, with less inclination to eat and sleep. The abdomen had been very much distended, especially on the right side. Movements had been felt, chiefly on the left side. The birth of the first child was very easy, and took place soon after the formation of the watery sac. The others came more slowly, and the last was much the most difficult birth. Each was enclosed in a separate sac, and was immediately followed by its particular placenta. All were born with the head presenting in the first position. The first two were boys, then a girl, next a boy, and then another girl. Not one of the children survived the third day. Their length varied from 15½ to 16½ inches. The second boy weighed less than two pounds. Although all were regularly formed, they did not appear to have attained perfect maturity. With the boys, the cord was 16 inches long, but only 12 with the girls; the pulsation of the cord could scarcely be perceived at the moment of birth. The children had an old look, the voice was tremulous, they slept continually. Their temperature was very low. The mother soon regained her health.—(*Gemeinsame deutsche Zeitschrift für Geburtskunde.*)

(From the London *Lancet*, vol. xxxvii., 1839, page 743.) Case of a woman pregnant with five children. Dr. Evory Kennedy produced five fœtuses, with their involucra, the product of a single abortion, at the meeting of the Dublin Pathological Society, held on the 14th inst. The patient had been attended by his late assistant, Dr. Thwaites, and pupils of the Hospital, and the facts of her case were accurately noted, so that deception was impossible. The specimen produced, Dr. Kennedy stated to be the multiparient conception of a female, who aborted when, as she stated, she was three months gone with child. The case was one in which there appeared to be three distinct ova; two of these were twins, the third was single, so that five fœtuses co-existed in utero. On examining the preparation, Dr. Kennedy remarked, that, closely viewed, it would be found that those on each side differed from the centre one. Each of the former possessed a common placenta, and membranes common to both, with an intervening septum; but the centre one is distinct and perfect in itself, having its own placenta and membranes. Some persons have been disposed to question the occurrence of these multiparious births; indeed, it must be acknowledged that the popular opinion, and even recorded cases, on the subject, are sufficiently extravagant; as, for instance, the Countess of Hannenberg's case, in which it was stated that 365 children were produced at a single birth. But without taxing our credulity in these cases too far, we have undoubtedly a few well-authenticated instances on record, in which women have given birth to five children at a time. One of these, Guisseppe Califani, occurred lately at Naples; and we have the details of another, which took place in Franklin County, in America, about twelve years ago, recorded by Dr. Paddock. There is also said to be a similar preparation in the British Museum. It is extremely curious and interesting, as connected with the history of multiparous births, that in this respect Ireland preponderates over all other nations, and that the Irish are unequalled in the ratio of their fecundity. The proportion of twin cases in Dublin is one in sixty; in America (where, it is to be recollected, there is a large number of Irish emigrants), the proportion is one in seventy-five; in London it is one in ninety-one; while in France, "*longo intervallo,*" it is one in one hundred and forty. In proof of the rarity of five twin children, Dr. Kennedy further remarked, that out of 140,000 cases recorded in the Lying-in Hospital of Dublin, there is no instance of five children at a birth. There is one case of four, but none of five. It is a curious fact that in the American case the mother was an Irish woman, and had recently arrived in America. It may perhaps be considered equally curious that in the case detailed by Dr. Kennedy, the father was a man of small stature, aged about 30, without any remarkable personal development, and by trade a tailor! The woman, the subject of the present memoir, whose name is Sarah Hickey, is 28 years of age. She was married about two years ago, and within nine months after brought forth her first child. The conception was uniparient. After the lapse of six months, she again conceived of the fœtuses alluded to, and observed that during the pregnancy she increased very rapidly in size, and suffered very constantly from bearing-down, which rendered walking or standing almost impossible. She had constant sickness of stomach—a symptom generally looked on as an evidence of compound pregnancy. As to the abortion, it would appear to have been produced by inordinate distention of the uterus for its period, which, in its turn, led to parturient efforts, as the ova presented no morbid appearance. The fœtuses, which are all males, do not appear to exceed the development usually observed about the second month. And as Mrs. Hickey menstruated on the 24th of May, and miscarried on the 26th of August, it is more than probable she over-calculated the duration of her pregnancy. This preparation is in Dr. Kennedy's Museum, in the Dublin Lying-in Hospital.

Dr. Warren stated that he had received the following account from a lady in New York, who had visited the mother and children, of a case of the birth of twelve (12) living children in the space of 42 months (3 years 6 months).

Mrs. M., 32 years old, was married at 14. Her first child died. She then had twins, one of which lived a month, the other six weeks. Then twins again, both of which died. She then had a child who is now a fine healthy girl, 14 years of age. She then miscarried with triplets. Afterwards she gave birth to 12 living children, in the space of about 42 months, in the following order:—

| | |
|---|---|
| July 24th, 1858, | one (1) |
| June 30th, 1859, | two (2) |
| March 24th, 1860, | two (2) |
| March 1st, 1861, | three (3) |
| February 13th, 1862, | four (4) |
| Total, | twelve (12) |

And in all, 21 children in 18 years.

The woman has never been confined to her bed more than three days after delivery. The children are all remarkably healthy and well developed for their years.

## Army Medical Intelligence.

### LETTER FROM SURG. JAS. H. THOMPSON—HEALTH OF THE 12TH REG'T MAINE VOLUNTEERS.

MESSRS. EDITORS,—My last communication was written on our arrival at Ship Island. Since then nearly every man in the regiment has suffered more or less from acclimation, and I propose briefly to note some of the phenomena which have presented themselves at our hospital.

On the second day after our debarkation, twenty-four privates and officers were attacked with diarrhœa and dysentery, and so rapidly the epidemic diffused itself that nearly every man in the command was affected with it during the following three weeks.

The cases of diarrhœa simulated dysentery, and often as early as the second day of disease exhausting quantities of blood were passed at stool, attended with tenesmus, the pulse feeble and frequent, the skin pale and cool, the expression of the features anxious; the tongue often from the first assumed a brownish appearance, and when it threw off its fur, became red, smooth, and gashed.

After a variety of treatment, I found that astringents were of little avail; if the discharge was suddenly checked, it early reappeared in an aggravated form, and yielded only to an alterative treatment.

Simple cathartics of ol. ricini or sulph. magnesiæ were given at the first presentation of the case, followed by—R. Pulv. opii, pulv. ipecac., gum. camphor, aa gr. i.; hydrarg. pil., grs. ij. M. Ft. pilulæ, given p. r. n. Usually they were given every two, four, or six hours, with rapid amelioration of symptoms, followed by permanent convalescence. Rarely was the treatment continued more than four days, and often but one.

All of these cases recovered. One case assumed the chronic type, and this I treated with alteratives as in the other cases, with the addition of pulv. ipecac., gr. i., every two hours, at the same time giving tonics and stimulants freely: mucilaginous injections were frequently given to allay the tenesmus.

A permanent cure was effected after two weeks' treatment. The diseases most frequent are diarrhœa, dysentery, bronchitis, rheumatism, and typhoid fevers.

I attribute much to change of climate, exposure to night air without proper protection, sleeping on the sand with water only one or two feet below the surface, improperly cooked food, the debilitated state of the command from the sequelæ of rubeola, and the long confinement on ship-board before reaching our destination.

The island is one vast reservoir of pure water, the climate delightful, excepting the sudden changes of temperature attending the "northers", as the gales are called, when the mercury will go suddenly from 90° Fahrenheit to 40°, the wind blowing a gale, the rain pouring in torrents, and the lightning and its attending thunder terrific: I truly think I have known more vivid lightning to accompany a single southern storm, than all that I have witnessed north during the last half dozen years, concentrated.

The dews are very heavy—by ten o'clock, P.M., the coats of the guards are as wet as though they had been exposed to a shower, and from this cause our tents, which were new when we came here, now two months since, are mildewed and look like old tents; the tents of the regiments longest here are nearly worthless.

Our typhoid cases have assumed a low type from the commencement. After an alterative we give tonics and stimulants freely, and have been enabled to save three-fourths of the cases.

One case of variola came to us on the last trip of the Steamer Constitution—a man whom we left with continued fever at Fortress Monroe. Four days out, the variolous eruption made its appearance. As soon as it came to the knowledge of the surgeons, he was isolated as well as circumstances would allow, and on arrival here was put into a tent half a mile distant from the encampment; and now, four weeks after, he is returned to duty.

Of the three thousand on board the Steamer, only one, a member of the 4th Wisconsin regiment, contracted the disease from him. He died on the sixth day, of confluent smallpox. There is no fear of any further trouble from it.

Parotitis has been very prevalent among the troops on the Island; we have suffered very little from it.

Heavy marching in the sand has ruptured quite a number, and in a large number has produced varicocele and hydrocele.

From our experience thus far, the following deductions may be made or corroborated:—

1st, Men from cities and large towns bear the fatigue and exposure of camp life much better than those from the country.

2d, Men of medium size better than those stalwart fellows from whom so much was expected before going into service.

There are now sixteen regiments on the Island, and nearly all have had an experience corroborative of the above.

With regard, I am yours, Jas. H. Thompson,
*Ship Island, April 19th, 1862.* *Surgeon 12th Me. Reg't.*

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Williamsburg, Virginia,
May 12th, 1812.

*To the Surgeon-General.*

Dear Sir,—The past week has been one of hard work and interesting duty. Immediately after the battle at this place, we found ourselves at McClellan's head-quarters, in this village (or city), and I was at once placed in charge as senior surgeon of the College Hospital. Dr. Bronson and two Confederate surgeons have assisted me. Mr. Wellman has kept the records and assisted in the dressings. My record yesterday morning made up 275 Union patients and 80 rebels—about one half of whom we sent to Fort Monroe yesterday—and last night we received some 50 more. To-day we expect to send off the remainder, or nearly all of them.

On Saturday I amputated at the shoulder-joint, and my rebel patient is doing well. We have a good many compound fractures, and one very interesting case of head injury, in a rebel captain, by a Minié ball. I removed a portion of the cranium—1½ inches by 4 inches—with the dura mater, and enough brain to materially diminish his fighting propensities, if he gets well—i. e., if there is any truth in Phrenology—as it was in the locality of "Combativeness." Extracting bullets and dressing flesh wounds and fractures have constituted most of our duties. There were about 1000 rebel wounded, and perhaps half as many Union men here when we arrived. I forgot to say that about thirty special surgeons came with us. Four churches, the Court

House and many private houses in this old aristocratic seat of learning, have been occupied as hospitals. I should think there had been some ten or twelve thigh amputations in the whole corps since I arrived. All the moveable patients in town will go to-day. The "stumps" and a few with mortal wounds will remain, and a few surgeons will be retained to take care of them. Dr. Bronson probably will stay. Unless another battle occurs, I shall be at home in a week from this time. The labor of months has been crowded into the last week, and every surgeon here is worn and tired by the immense amount of work which has suddenly overtaken him. Dr. Tripler and his associate Dr. Smith are quite complimentary of the volunteer corps.

When the "stars and stripes" were raised over my hospital (William and Mary College), the bell was rung merrily, and the guards and troops in the vicinity gave a long and loud hurrah!

I have had no Massachusetts men in my hospital. The 11th and 1st regiment suffered some in the fight.

Yours in haste, ALFRED HITCHCOCK.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 22, 1862.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.—The annual meeting of our State Society will be held on Wednesday, the 28th instant, at the Hall of the Mechanics' Association, corner of Bedford and Chauncy Streets. The Committee have done wisely in securing this beautiful hall for this occasion, and we hope the attractiveness of the spot may be an added inducement to draw together a full meeting. The usual annual Society dinner will, for financial reasons, be this year omitted. This is the less to be regretted, however, as it will give the members resident in Boston an opportunity for the gratification of their hospitable feelings towards their brethren from without. The occasion promises to be one of unusual scientific interest. Besides valuable communications, which we hear are to be laid before the meeting, the anniversary address promises to be one of great practical importance. We learn from Dr. Bowditch, who is to deliver the annual discourse, that the subject he has chosen as his theme will be "The Topographical Distribution of Consumption, or Locality as a Cause of Consumption in New England." Since his appointment by the Society, eight or nine years ago, as a committee to investigate the causes of consumption in Massachusetts, Dr. B.'s attention has been constantly directed to obtaining facts in relation to this topic, not only from Massachusetts, but other parts of New England. He believes that from these facts he is able to prove the existence of a hitherto unacknowledged law among the causes of consumption in New England, of great practical interest to the profession and to the public. Dr. Bowditch's inquiries, we know, have been very extensive, and he has bestowed a great amount of labor on this work, which he has carried out with his accustomed thoroughness. We feel that nothing more need be said to insure him a worthy audience.

His subject is one of such vital importance to the whole community as well as the medical profession, that we hope to see the audience largely increased by unprofessional listeners.

Drs. Cabot, Gay, Hodges, Homans and Parks, of this city, have returned from their patriotic mission to the vicinity of Yorktown, where they have for some weeks been doing faithful service in the hospitals established at that place. The community at large should know that their services, as well as those of many others of our professional brethren similarly detailed, are rendered gratuitously; the most that the State has been able to do being to supply them with transportation to the field of their labors. We may refer to their mission hereafter.

Dr. Benjamin Cushing, of Dorchester, a few days since was detailed by his Excellency the Governor for special service in Virginia, and on his arrival at Fortress Monroe was at once placed by the Medical Director, Dr. Cuyler, in the honorable and responsible post of Surgeon to the Seminary Hospital at Hampton. Mr. John Perry, of this city, medical student, has gone on to fill the place of assistant.

By an unfortunate misprint of a letter we see that our worthy and laborious fellow-townsman, Professor John Bacon, is losing in Europe the credit which belongs to him for his indefatigable labors in one department of animal chemistry. In an elaborate and learned paper on Oxaluria, by Dr. Moritz Smoler, of Prague, translated and published in the Edinburgh Medical Journal for February, full credit is given to *Baron* of Boston for valuable contributions to what is known on this subject. In every instance where allusion is made to him the same mistake occurs. It is a pity that our modest professor should thus lose, for what sounds like an empty title, the credit which his honest name so rightly deserves.

The Wounded at Fort Donelson and Pittsburg Landing.—We take the following extracts from an interesting account of the wounded at Fort Donelson and Pittsburg Landing, communicated to the Chicago Medical Journal by one of the surgeons sent to those places by the Western Sanitary Commission.

"The wounds were of almost every possible variety, and I call up from memory, after the lapse of two weeks, some of those that I saw.

"Two wounds of head by balls, both balls entering brain; one had died and the other would. One struck by passing ball, depressing the skull; I trephined him, but he would probably die. One upper jaw shot out; one lower jaw struck by a ball at symphysis and broken into four pieces, one piece taken out and others very much dislocated by action of muscles. He was a brother of one of our students of 1860–61, who was with him and giving him a brother's care. Erysipelas also broke out in his face; treated with iron locally and iron and quinine internally. In one case a bullet entered the external ear, coming out on the opposite side between the jaws in front of the ramus, cutting the palate severely. In one case a bullet passed between the œsophagus and trachea; in one a bullet entered as the body was stooping, at the lower end of the scapula, coming out on the neck in front, cutting the apex of the lung. Three cases of bullets directly through the lung, all died. Two were of Minié balls—holes very large—and both of them suffered very much. Several wounds of the arm and forearm; one a fracture of the surgical neck by a ball. One ball struck a man lying on his side in the epigastric region, and following between the layers of muscles came out on the back part of the hip. One man was shot directly through the right iliac region, the ball remaining in, and he well enough to be removed home—no seeming trouble. One poor boy, shot directly through the sacrum, suffered terribly, paralyzed bladder, though his bowels moved naturally. Had also another wound through the thigh.

"Very many were shot through the lower limbs; three or four through the knee-joint; two through the ankle-joint. Those through the joints, as inflammation arose, suffered intensely. The wounds made by the balls of different kinds were generally easily distinguishable. The modern Minié ball, from its great size and tearing qualities, will most likely largely increase the mortality from wounds, of those not killed immediately. The inflammation in joints arising from such balls, must need be destructive.

"The wounded were mostly patient and easily satisfied, and grateful for attentions. They seldom complained, and with few exceptions, and these with every reason, made but little noise.

"One soldier named Medland—31st Illinois, Co. B—was in the first instance shot through the knee-joint. He did not give up, but still kept firing. Another ball struck and went the whole length of the thigh—a flesh wound; and still he fired till a ball coming shattered his left arm and stopped his handling his gun. This man then lay on the field two and a half days, without food, drink or shelter, before his wounds were dressed. I had no more resolute man, or more cheerful one, under my care, and he talked happily of the time when he would be well enough to try it again.

"Another almost similar instance of a young man named Broderick, 8th Illinois, first shot through the hips, then arms, and not until a ball broke his gun, and shattered his left hand, did he desist.

"Surgeon Marsh told me that of his two hundred and two wounded and killed, but a single man moaned, and he was shot through the lungs. * * * * * * * *

"The amputations showed a remarkably atonic tendency. None seemed to take on a vigorous healing character. One fine intellectual-looking German, with an amputated limb, was constantly delirious. There seemed no reason, so far as appearances went, why he should not get well, yet he went slowly down, and was in *articulo mortis* when we left him. One case of a German interested me. He was shot under the lower extremity of the left scapula, and I took out the battered ball between the lower border of the larynx and the right sterno-mastoid muscle, directly in front of the vessels. He had spit blood at first and suffered pain, but now seemed to be doing well, eating every meal. When he was asked if he had ever seen fight before, he turned up his shirt, and his scarred body needed no confirmation.

"We found many wounded in the lower extremities. Some accounted for it by the repeated order of Gen. Beauregard 'to fire low—never to kill when they could cripple—that it required two well men to care for each wounded one, while dead men took care of themselves.'

"The battle of Pittsburg Landing was eminently disastrous. I could calculate from the number of wounded on various boats and in Savannah, nearly six thousand, and how many more are in tents and more slightly wounded, I had no means of ascertaining. There were in Savannah, 8 miles below, for the first few days after the fight, twenty-one hundred scattered in twenty different places; all the houses, churches, or places capable of holding them being occupied. These were supplied with seven surgeons. Imagine the services rendered to three hundred freshly wounded men by one worn-out surgeon!

"The surgeons on our boat worked nobly, and their labors accomplished everything anticipated. Our medical students had a rich treat and a surgical feast."

PROGRESS OF GROWTH ACCORDING TO AGE.—Professor Quetelet has established from his calculations the following positions as regards the inhabitants of Brussels:—1. The most rapid period of growth commences immediately after birth, the infant increasing about two decimètres in the space of a year, 2. The proportionate increase of growth then diminishes as age increases, until towards the fourth and fifth year, when the child attains its maximum of probable life. Thus, during the second year, the amount of growth is only one half of that of the first, and during the third year about a third. 3. From the fourth to fifth year, the increase becomes pretty regular until towards the sixteenth year, *i.e.*, until after the period of puberty, the annual increase being abont fifty-six millimètres. 4. After the age of puberty the growth continues to increase, though only feebly. Thus from sixteen to seventeen years it increases four centimètres, and in the two following years two and a half centimètres. 5. The total growth of man does not seem completely terminated at the age of twenty-five years. M. Quetelet also found that the height of the inhabitants of the town exceeded that of the peasantry.—*Union Médicale.*

SULPHURIC ACID A REMEDY FOR DIARRHŒA.—In a letter to the *Medical Times and Gazette,* Mr. William Griffith says that he was the first person to introduce to the profession the treatment of diarrhœa by sulphuric acid, in 1851, showing the successful results of its administration, and that he has since continued its use up to the present time, and has had ample opportunities of confirming his views. Given by itself, it allays thirst, subdues sickness, arrests vomiting, stops the purging; and so rapid is its effects, that it frequently cures by a single dose.

FIFTEEN hundred patients from the Military Hospitals at Yorktown and Newbern have arrived in New York during the past six days. Upwards of twelve hundred of these came on board the Hospital Transports of the Sanitary Commission. The plan of removing diseased and feeble men from the military hospitals in malarious and insalubrious districts like that of the Virginia Peninsula, to the healthy regions of the North, was early and urgently suggested by the Sanitary Commission. Twenty-five hundred patients, it is reported, were made over to the Commission by the Military authorities in a single day, and we are informed that in the brief period of about ten days nearly four thousand patients have actually been removed by their steamers.—*American Medical Times.*

A NEW army hospital in Philadelphia has been commenced, and will soon be finished. The structure will consist, says the *Medical and Surgical Reporter*, of twenty-one one-story lantern-roofed wooden buildings, arranged in four groups, and in form of a parallelogram, 450 by 560 feet, about a central building to be used for offices, doctors, &c. Grass plots, 50 feet wide, will separate the groups, and plots, 25 feet wide, the individual sheds. Each ward will be 150 feet long, 25 feet wide, and 14 feet high, and will contain fifty beds.

MEDICAL MISCELLANY.—A rising young oculist, at present *chef de clinique* at M. Desmarres's dispensary, Dr. Galinzowski, has, says the Paris correspondent of the London *Lancet*, with the assistance of M. Charrière, junior, succeeded in constructing an ophthalmoscope, which is likely to become very popular, from the fact that closed shutters and darkened rooms are no longer necessary conditions for its use.—The number of bathers in the Serpentine during the past season was 369,139, and the number of casualties, 52, including 11 cases of attempted suicide, in three of which, unfortunately, the attempt proved too successful.—From the investigations of the scientific expedition despatched by the Swedish Government, to investigate the physical geography of Spitzbergen, it appears that animal life is abundant in these glacial regions at the great depth of 1,250 fathoms. —The Ladies' Military Hospital, for the accommodation of the sick and wounded soldiers, was recently opened in New York. The building occupied is that known as the Infants' Home, corner of Lexington Avenue and Fifty-first Street; it will accommodate about 400 patients.—The Annual Report of the New York Asylum for Idiots, located in Syracuse, shows that at the close of the last year there were 130 pupils in that institution. Of the State pupils connected with the Asylum, 18 have been inmates for more than six years; 11 for five years; 3 for four years and a half; 9 for four years; 4 for three years; 8 for two years and a half; 15 for two years; the remaining 50 having been inmates for a less period than two years.—Dr. J. V. C. Smith, Brigade Surgeon to Gen. Rufus Saxton, U.S.A., the new Military Governor of South Carolina, will sail in the next steamer for Port Royal.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MAY 17TH, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 41 | 31 | 72 |
| Average Mortality of the corresponding weeks of the ten years, 1851–1861, | 34.6 | 35.4 | 70.0 |
| Average corrected to increased population, | .. | .. | 77.72 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 13 | 1 | 2 | 4 | 4 | 0 | 1 | 1 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending May 3d.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.116 | Highest point of Thermometer, | 62.0 |
| Highest point of Barometer, | 30.466 | Lowest point of Thermometer, | 28 0 |
| Lowest point of Barometer, | 29.928 | General direction of Wind, | E.N.E. |
| Mean Temperature, | 47.2 | Am't of Rain (inches), | 1.03 |

PAMPHLETS RECEIVED.—Researches and Observations on Pelvic Hæmatocele, by J. Byrne, M.D., M.R.C S.E., &c.—An Address delivered before the Buffalo Medical Association, April 1st, 1862, by Dr. C. C. F. Gay, President of the Association.

DEATHS IN BOSTON for the week ending Saturday noon, May 17th, 72. Males, 41—Females, 31.—Accident, 5—apoplexy, 1—congestion of the brain, 2—inflammation of the brain, 1—cancer, 1—cholera infantum, 1—consumption, 13—croup, 2—diabetes mellitus, 1—dropsy, 2—dropsy of the brain, 5—drowned, 1—dysentery, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 2—disease of the heart, 4—homicide, 1—infantile disease, 3—intemperance, 2—disease of the liver, 1—inflammation of the lungs, 4—marasmus, 1—measles, 3—old age, 1—paralysis. 2—premature birth, 3—rheumatism, 2—syphilis, 1—unknown, 2.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 45—Ireland, 23—other places, 4.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# SURGICAL TREATMENT OF GLAUCOMA.

By John H. Dix, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

Both acute and chronic glaucoma, everywhere prior to the discovery of Von Graefe, and here almost to the present time, have been in the main regarded as incurable, although in some cases of acute glaucoma a slight improvement of vision has been attained by treatment, and recurrent inflammation, with the deterioration of vision incident to it, probably retarded or prevented by energetic antiphlogistic or alterative measures, combined with a judicious and carefully observed ocular regimen. For these hitherto hopeless diseases, Dr. Von Graefe some nine years ago resorted to the operation of iridectomy, or excision of a portion of the iris. Of the effectiveness and utility of this operation in acute glaucoma, the editor of the *British Medical Journal* writes emphatically as follows:—

"It has been largely practised, and by those who have avowedly abstained from trying it, energetic attempts have been made to detract from its merits. The great facts, however, remain, that acute glaucoma does not unfrequently occur, that it is irremediable by constitutional treatment, and that the excision of a portion of the iris, if performed within a few days of the outbreak, is effectual in restoring vision and putting an end to the disease. To the first two of these propositions, all experience bears testimony. Respecting the third, it is no longer possible to be incredulous. Indeed the facts are now before us, and we may judge for ourselves. Cases are now on record, which, if clinical evidence can be allowed the slightest weight, prove that this operation, whatever may be the true theory of its action, possesses a really marvellous power in controlling the progress of certain morbid changes otherwise destined to result in permanent blindness. If we may trust these facts, Von Graefe's discovery ranks second only in ophthalmic beneficence to that of the operation for cataract."

In corroboration of these remarks, during the past three years

European medical literature, both in England and on the Continent, has given us the strongest and most convincing testimony in various forms, in the details of cases and in speculations as to the rationale of their cure.[*] On the other hand, by a few Continental, but by more English writers. or surgeons, the treatment of glaucoma by iridectomy has been questioned, objected to, and ridiculed, and its originator compared with Hahnemann, Priessnitz and De Loeuw, while again others have either modified the operation of iridectomy[†] or devised another operation for the relief of glaucoma differing from the iridectomy of Von Graefe, and believed by them to fulfil all that is accomplished by it, while at last the eye is left more nearly in its normal, original condition.[‡] The old and for many years obsolete and almost disused operation of paracentesis, either through the cornea or sclerotic, has also been revived and advocated as a rival and substitute for the more complex and difficult operation of iridectomy.[§]

It is quite possible, that each of these different operations may have its own legitimate sphere, to be hereafter settled and defined, and it is also possible that in some cases of glaucoma either of them, carefully and often enough performed, would accomplish a cure; but at present, both in division of the ciliary muscle and in paracentesis, so little has been done and reported, and anatomical investigations of the pathological condition of the ciliary system are so contradictory,[‖] that these methods are to be looked upon rather as suggestions than as accredited and accepted means of treatment.

To attempt to adjust these conflicting views and rival claims, and to say conclusively whether by excision of a portion of the iris, by division of the ciliary muscle,[¶] or by free and repeated paracentesis, relief is most effectively given to the intraocular pressure, upon which the disastrous consequences of glaucomatous disease seems chiefly to depend, would be hasty and presumptuous, even in Europe, where, as regards the operation of iridectomy, a large field of observation is open, and where also some successes are stated to have been attained by division of the ciliary muscle and by paracentesis.

But it is not premature, nor is it in fact early enough to ask the attention of the medical profession in this country to the already proved and established operation of iridectomy for glaucoma.

In the northern portions of this Union, while as compared with other portions of the globe in the same latitudes, the climate presents to the eye an unusual stimulus, the educational and industrial pursuits and habits of the people tend very obviously and necessarily to fatigue it. While, therefore, the plenty, intelligence, good habits and general well-being of the poorer classes render disease of the eyes on the whole less prevalent and the field of ophthalmic practice less extensive than in most parts of Europe, diseases of the internal textures of the eye are met with in a larger ratio to the whole amount of disease of the eye, in this, than any other country. Among the various diseases incident to the internal textures of the eye, none are more grave and alarming than glaucoma.

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[*] They may be found in the Ophthalmic Hospital Reports and Journal of the Royal London Ophthalmic Hospital, the Medical Times and Gazette, the Lancet, Archiv fur Ophthalmologie, Annales d'Oculistique, Omadei Annali, and are on the authority of some of the most accurate and accomplished ophthalmologists of Europe—Bowman, Critchett, Donders, Arlt, Weber, Quoglino, &c.

[†] Mr. Henry Greenway, who has contrived for excision of the iris an ingenious instrument called the guillotine, and described in Braithwaite's Retrospect, Part xliii., p. 182.

[‡] Messrs. Nunneley and Hancock, in England, who divide the ciliary muscle, and whose recorded successes have been confirmed by Desmarres at Paris.

[§] By Middlemore and Desmarres.

[‖] In microscopical examination of glaucomatous eyes, Mr. Hancock finds the ciliary muscle hypertrophied, and Mr. Hulke finds it atrophied.

[¶] **Entitled by Mr. J. V. Solomon "Intraocular Myotomy."**

While for some years past a very frequent if not general adoption of the operation of iridectomy for glaucoma has been accomplished in Europe through the writings and efforts of Von Graefe and others; on this side of the Atlantic it has been, until very recently, altogether ignored or neglected, and very many persons whose vision might unquestionably have been preserved or restored, have been suffered to lapse into total, irremediable blindness. We are now almost destitute of, and but just commencing, an experimental, practical acquaintance which should have dated some years earlier, with a surgical question worthy of engaging the best skill and intelligence of the profession.* To general practitioners the operation is one of greater importance, if not of greater interest, than to oculists, for a full and complete restoration of vision is to be expected from iridectomy only during the first access of the glaucomatous symptoms. If blindness has continued for two or three days, the chances of a full restoration of vision rapidly diminish. Indeed, the operation is more largely available in its preventive than its curative influences on the loss of vision, and it seems to be generally agreed by those gentlemen who are most familiar with it, that it is desirable to make the excision while the blindness is impending, rather than at any time after it is accomplished; that is to say, before the intraocular pressure which tends to paralyze the retina and optic nerve has actually paralyzed them. To wait, therefore, for counsel or assistance in a case of acute glaucoma, must be in many instances equivalent to an abandonment of the patient to inevitable blindness, and it is the duty of every practitioner who is not favorably situated for consultation, to inform and prepare himself for the operation of iridectomy in glaucoma, just as he does any other surgical operation that admits of no delay; as he would for abstraction of blood in cerebral congestion, or for the tying of a cut artery.

The apparent apathy and indifference of the profession on this subject can hardly be accounted for otherwise than from some misapprehension either as to the usefulness and availability of the operation, or the difficulties of diagnosing the disease or executing the operation.

That the importance and usefulness of iridectomy in glaucoma have not earlier been admitted among us, is certainly remarkable, but it is a fact for which, in part at least, our medical periodical press is responsible, having failed to do its duty in presenting this subject fairly and fully to its readers. The silence which has prevailed is culpable; but to have given, in a matter of such moment to the profession and the public, only one side of it, and that the wrong side, is inexcusable. Previous to the two operations performed by me in this city, Jan. 20th, 1862, there was in all of the medical journals of the land but one extended notice of, and that a compilation from various sources upon iridectomy in glaucoma, in which compilation the description of the operation itself and its rationale are summarily despatched in eight lines, while nearly eight pages are devoted to the remarks of opponents and cavillers, showing its unreasonableness and inutility.* This compilation opens with a report from Dr. Bader, of 107 cases operated on within two years at the Royal London Ophthalmic Hospital, which is as minute and circumstantial in its details as could be desired, but upon the whole valueless. In this country, where with peculiar provocations for this and other diseases of the internal textures of the eye, glaucoma is a very rare complaint, the first glance at this report compels the reflection, as has been elsewhere suggested, that either coincident with the early accounts of iridectomy from Germany there was an epidemic glaucoma in England, or else that an immense error in diagnosis was made, and the operation resorted to without proper discrimination. A closer scrutiny of this report also shows conclusively, from the traumatic lesions resulting, that in very many of the cases the operation was ill performed. To this inconsiderate and evidently unfair report, which has already received more attention than it deserves, are appended various excerpts deprecatory of or proposing substitutes for the operation of iridectomy, some of which, from the authority under which they appear, and the reasonable tone of the writers, have a fair claim to be quoted by a leading journal as exponents in part of European opinion, and are certainly entitled to a careful and impartial reading. To the giving of these, of course, no objection can be made, but there is strong reason to complain when, in an ostensible *resumé* of any surgical question worthy to be introduced to the notice of the profession at all, everything tending in favor of it is withheld. That a paper so defective in the conditions of a candid scientific review, could have much influence, is not to be admitted, but that, in the absence of other rebutting testimony, it had some weight, cannot be doubted.

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* At the time of writing this communication, the two operations reported by me in the Journal of March 13th were the only operations of iridectomy for glaucoma which had been performed, or rather reported. To these has been added a third very successful one, reported by a gentleman of this city in the Journal of May 8th.

Upon the ground of my own actual experience here, and that of other gentlemen also, and from the accumulated evidence abroad, of a successful application of iridectomy to suitable cases of glaucoma, I give to the general drift and intent of the compilation above referred to, an unqualified contradiction.

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* The eight first pages, under the head of "Ophthalmology," in the American Journal of the Medical Sciences, April, 1861, p. 578.

## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 333.]

WITHIN a few days after I read the account in *Braithwaite,* an opportunity occurred in my own family to test the value of this medicine.

CASE I.—Feb. 9th, 1852. My youngest child, a boy nearly 3 years of age, awoke, appearing to be ill. During the day, he was languid, disinclined to play or take food. In the evening he became restless, feverish and indisposed to sleep, which symptoms increased rapidly in severity until convulsions took place, which occurred twice before nine o'clock on the next day. On the return of daylight a distinct efflorescence was seen on the skin, marking the character of the disease. The appearance of my child at this time was truly alarming. He lay utterly unconscious, apparently with entire loss of muscular power; skin moist and burning hot, pulse quicker than I could count, respiration panting. Having lost all confidence in every mode of treating this disease that had been known, and having within a week lost a very interesting child in one of my best families from the same cause, and looking upon my child's case as almost desperate, it seemed to me a fair opportunity of testing the power of the carbonate of ammonia. Before taking a step so important, I sought the advice of my friends and neighbors, Drs. Ware and Holmes, of Milton. They having examined the child, and having expressed an opinion coinciding with my own as to its nature, severity and danger, I directed their attention to the article in Braithwaite above quoted. The result of the consultation was, that in view of all the circumstances of the case, it was advisable to use the ammonia, it being the only medicine that offered any hope.

The following form was agreed upon: ℞. Subcarb. ammoniæ, ʒ i.; muc. gum. acaciæ, simpl. syrupi, aa ℥ ijss.; olei sassafras, gtt. ij. M. Of this preparation, one teaspoonful was given every three or four hours. For nearly twenty-four hours after commencing the use of the medicine, no perceptible effects from it occurred; once during the night he had a long and severe fit of coughing, after having taken the medicine. On the commencement of the second day of taking it—the third day of sickness—he recognized his mother by returning her kiss, the first evidence of consciousness that he had given since the first convulsion. As the day advanced, his pulse, breathing and skin improved. Indeed. from the morning of this day, there was a rapid improvement, so that by the following Sunday he was down stairs amusing himself. What is equally remarkable, none of the common sequelæ of scarlet fever were to be observed, but he was left as sound in body and mind as he was previous to his sickness. I have seen many severe cases of scarlatina, but I regard this as the most remarkable case of recovery that has come within my knowledge—remarkable in quickness and completeness. Let me give a brief review of the case.

The child began to complain on Sunday morning. During the first twelve hours, his sickness was mild; the next six hours, he grew sick very fast; during the thirty-six hours that followed, dating from the time of the first convulsion, he was utterly apathetic. He was wholly unconscious of anything, and during all these hours it was not known that he moved a voluntary muscle. In whatever position the body was placed, and in whatever position the arms or legs were placed, there they remained until they were moved by his attendant. When taking the medicine, usually there would be some coughing, or choking, as if the throat was irritated by it; his lips were dry and parched, and when water was put into his mouth he would swallow it quickly: but beyond this, during these thirty-six hours, he gave no signs of thirst. At the commencement of the third day of his sickness—the second day of his medicine—he exhibited the first signs of consciousness. On the morning of the fourth day, whilst a professional friend was visiting him, he looked up, and seeing a stranger, with a single effort he leaped to the side opposite to that on which he was lying, showing sufficient energy, both of body and mind, to warrant his recovery. Before the close of the week, he was restored to his usual health.

The work of Dr. Peart, in which this remedy was first noticed, was published in the year 1802—sixty years ago. The question will naturally arise, if the efficacy of ammonia in scarlatina is so remarkable as is represented in this work, why has it not been generally adopted by the profession? It is not possible to give a direct answer to this question; but there are several reasons why the medicine has not become more generally used.

The first reason is to be found in the account by Dr. Peart and others, recommending the use of the ammonia. It is seldom that a medicine comes to us recommended by so good authority as is the subcarbonate of ammonia in scarlatina, without good reason. No doubt this account contains a valuable truth; but, unfortunately, it is extravagant, its statements are unqualified, and it allows no exceptions. During many years of extensive practice among children, we are assured there was no death; in hundreds of consecutive cases, in every *form* and *stage* of the disease, the ammonia was given with uniform success. Thus the account promises too much, more than can be realized. It promises more than can be realized from any known remedy. We have no remedy of which it can be said, it will never fail. Vaccination does not always prevent smallpox; opium does not always relieve pain; mercury does not always cure syphilis; nor does cinchona always cleanse the system of the miasm of intermittents. All that we can say of any medicine is, that it is useful, and the best we have for a specified purpose. If, encouraged by the early accounts of this medicine, a physician should be induced to use it, there is more than an equal chance that he will be disappointed; not, however, from want of power in the medicine, but, as I shall presently show, from a want of knowledge of the proper way of using it. Thus, as it too often has been, these physicians, in their earnestness to recommend a valuable medicine, did much to prevent a fair trial of it by others.

Another reason is to be found in the qualities of the medicine itself. Ammonia is a difficult medicine to give to children; and often requires much decision on the part of the physician and energy on the part of the nurse to secure for it a fair trial; and when there is ulceration in the throat, it is impossible to give it. This difficulty is a serious obstacle to the use of this remedy, especially in the hands of physicians who are sceptical in regard to the benefit of any medicine in scarlatina.

A third reason is to be found in the different ways of using the ammonia by different physicians. This is the most important reason. Indeed, this is the chief cause of the difference of opinion among physicians in regard to the value of many medicines. Different physicians use the same medicine in different doses; or they give it in *different stages* of the same disease, and very naturally come to different results. The right stage for giving a medicine is a matter of quite as much importance as the size of the dose to be given. It may require many years after a medicine has been brought into notice, before the precise limits of its usefulness can be defined—or the best way as to form and quantity of administering it, or the right stage for giving it, shall be determined. In the mean time, there may be every variety of opinion in the profession as to its usefulness. A striking example of this can be found in the history of cinchona as a remedy.

The bark of cinchona was first brought into notice as a remedy for fever and ague by a physician in 1632. For a series of years it encountered the prejudice of the profession, and, it is said, it would have fallen into oblivion had it not been for the activity of the Spanish Jesuits. Given to the Arch Duke Leopold, of Austria, at the commencement of the cold stage of an intermittent fever, it produced little or no effect, and consequently it was declared to be useless. Given to an alderman of London, and he died while using it, and it was condemned as a dangerous medicine. Oliver Cromwell was sick with fever and ague, and languished and suffered and died from it; and his physician was afraid to use the bark, in consequence of its dangerous effects in similar cases. At length Sydenham, who was at first opposed to its use, candidly watched its effects, became convinced of its power, determined the quantity and frequency of its dose, and that the time of giving it was between the paroxysms, and not during them, as had been the practice.* Thus it appears that a valuable remedy may fail from error in using it. This remark is applicable to the carbonate of ammonia in scarlatina. Physicians have given it without knowing how it should be given, and consequently have often failed to obtain good results from it.

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* Good's Study of Medicine, Vol. II., p. 130.

In using the subcarbonate of ammonia, there are three rules to be observed:—

1. Give it as early in the disease as possible.
2. Give it in as large doses as the patient can bear, and repeat it every two, three or four hours, according to urgency of symptoms.
3. Continue it until there is improvement of the symptoms, which can usually be seen on the second or third day.

The first rule is of paramount importance. I am confident that some physicians have failed in the use of ammonia, from not observing this rule. With our present knowledge, we cannot define the limits, as to time, of the usefulness of this medicine. So far as I have observed, its effects have been most striking when given at the very onset of the disease; and in a few cases, when forty-eight hours had elapsed before commencing the use of the medicine, I have seen no benefit from it.

The usual dose of the medicine is from three to five grains given in simple syrup, or in water saturated with sugar. There is a serious difficulty in regard to the dose of this medicine, owing to the great difference in the article itself, as received at different times from the apothecary. When first made, the subcarbonate of ammonia, or, as the chemists call it, the sesqui-carbonate of ammonia, is solid and semi-transparent, giving a strong smell and taste of ammonia. On exposure to the air it effloresces, and is converted into a bicarbonate, losing its ammoniacal smell and taste. In its first state it is too pungent; and if kept too long, it *may lose* its specific power. The article that I have used has had the smell and taste of ammonia, but not so strong as to render it difficult to swallow.

As to the third rule, I have seen decided improvement in little more than twenty-four hours, when less than thirty grains had been given; and I have continued its use until more than two drachms have been taken. Improvement in most cases will take place on the second or third day, when the medicine has been given early on the first day of the attack. In one case, in which the medicine was not commenced until the second day, it was continued through five days, and with decided benefit. At one time I thought that the smell of the ammonia in the urine might be taken as an evidence that it had produced its specific effects upon the system. In several cases this odor has been well marked, and has compared in time to the improvement in the symptoms. But subsequent observations have persuaded me that improvement often takes place without the ammoniacal smell.

It has not been my practice to give the ammonia in cases which at the beginning were mild; although I have sometimes had reason to regret this course, in consequence of these patients having suffered from troublesome sequelæ, which the ammonia would have prevented.

The patients to whom I have given this medicine, have, for the most part, presented the following symptoms:—Convulsions, or distressing vomiting, with anxiety, prostration of strength and quick pulse. Convulsions almost uniformly usher in cases of a violent character; the other symptoms mentioned are usually precursors of severe cases.

Case II.—February 18th, 1861. J. T., 8 years.

1st day of disease.—Attacked with severe vomiting and diarrhœa.

2d day.—I saw him for the first time; vomiting has ceased, diarrhœa continues, discharges frequent, liquid and bilious; throat could not be seen; much obstruction in breathing; chest covered with a diffused rash of a deep red color; cheeks of a deep red; mouth surrounded with a purplish white; much restlessness: pulse 140. Directed carbonate of ammonia, ʒ i., to be dissolved in twenty teaspoons of simple syrup—one teaspoon every two hours.

3d, 4th and 5th days.—No essential improvement. Nights have been very restless; much delirium night and day; respiration difficult, from obstruction in the throat. Eruption has extended over the whole body, still of a deep red color; whiteness about the mouth continues, also the diarrhœa. The ammonia has been used every two or three hours, to the present time. Continue the same.

6th day.—Much improvement during the night; some quiet sleep; delirium has ceased; the breathing, skin and pulse much improved. From this time the recovery was rapid and complete. No medicine was given but carbonate of ammonia; and of this, more than two drachms were given. Improvement did not take place until the close of the fifth day of taking the medicine, when it was very rapid. Had the medicine been given at the commencement of the disease, an earlier improvement, probably, would have been seen.

Case III.—March 13th, 1861. S. T., 13 years. 1st day.—Taken with vomiting and diarrhœa, and much prostration; pulse quick. Gave ammonia, as in the last case, at the onset of the disease.

3d day.—Eruption has appeared on the chest—none on the extremities. Symptoms mild.

4th day.—Convalescent. Recovery rapid and complete. This child, in less than four days, took 116 grains of ammonia, and no other medicine.

Case IV.—G. T., 1 year of age. March 20th, taken with vomiting and diarrhœa. The same medicine was given once in two or three hours when awake, for twenty-four hours. No eruption appeared upon the skin; throat was not examined. She recovered speedily, after one day of serious sickness.

This case so much resembled the preceding cases in the same family at its beginning, that I presumed it to be the same disease, and would take the same course, and treated it accordingly. Whether the medicine cut short the disease or not, I will not presume to say. I state the case as it occurred. She took about sixty grains of ammonia in thirty-six hours, and no other medicine.

In five other cases, in which the disease has commenced with violent symptoms, the ammonia has been given in the same way, and with the same results. One remarkable effect of this medicine has been, that the patients who have taken it have recovered not only rapidly but completely; that is, with none of the common sequelæ of scarlatina. One exception to this result, to which I will refer, has occurred.

(To be continued.)

## Army Medical Intelligence.

### REPORT OF SURGEONS SPECIALLY DETAILED FROM BOSTON.

*To the Surgeon-General.* BOSTON, MAY, 1862.

DEAR SIR,—We left here, with your instructions, April 10th, 1862, in the afternoon, and proceeded as soon as possible to Fortress Monroe. At this point there was only time for a passing word with Surgeon Cuyler, as he was just starting out on a hospital inspection visit, and circumstances prevented our waiting his return for a more formal report.

By the politeness of Gov. Sprague, of Rhode Island, we were invited to accompany him hence in the transport Steamer specially detailed to carry his Excellency and Staff to Ship Point. From this place we walked to Gen. McClellan's headquarters, a distance of about seven miles, the condition of the road being such that the wagon, drawn by six mules, and containing only our personal baggage, a small valise and blanket for each of us, occupied the whole day in getting up.

After reporting to Surgeon C. S. Tripler, Medical Director Army Potomac, we left, by arrangement, for Gen. Sumner's headquarters, 2d corps d'armée, about 2½ miles distant, and were very kindly and hospitably received by him, and furnished with a room in his house.

The next morning we reported to J. F. Hammond, Surgeon and Medical Director 2d corps d'armée. He received us courteously, fully appreciating our position and object, and gave us the choice of a tent entirely to ourselves, with nothing particular for us to do till a battle commenced, or the organization of a General Hospital in the rebel log cabins, in the woods adjoining the Glenbrook Farm of Dr. Powers, and in the immediate neighborhood of the headquarters 2d corps d'armée.

It was expected that, in case of a battle at Yorktown, we should be in readiness as a reserve corps of surgeons.

Not wishing to remain idle and useless, the sick already in the cabins, numbering about one hundred, and largely composed of soldiers from the Mass. 15th, 19th and 20th regiments and Andrew sharp-shooters, were transferred to our sole charge.

Immediately after the cabins came under our control, it was considered necessary to institute sanitary measures for our village of about two hundred log huts. Accordingly a requisition was made for fifty men to report daily to us for instructions, till further orders, in reference to police duties, at the General Hospital, near Dr. Powers. About seven hundred men were employed by us in collecting and removing the mud, filth and the debris of a badly kept camp, and even then the grounds were not entirely cleaned up at the time of the evacuation of Yorktown. A guard of thirty or forty men also reported to us daily, which, with the police force, was removed when our troops moved forward.

In establishing ourselves in this place, we were met in many instances by evidences of a cordial appreciation of our object and wishes; and, in this connection, among Massachusetts men, acting Ass't Surg. Crehore, Quartermaster Folsom, Commissary Peirson and Lieut. Whittier of the 20th regiment, deserve our warmest thanks for their attention and kindness. Col. Hinks, Surg. Dyer, Ass't Surg. Willard, of the 19th Mass., were also ready in their kind reception of us. It is equally necessary to say that from others we were the recipients of rude incivilities, looked upon unnecessarily with jealous eyes, as intruders and poachers upon preserves to which others held the exclusive right. Some seemed, or pretended to seem, at a loss to know with what object we had come there; others did not hesitate to say that we had no business there, and presented to us a rude and cold shoulder. As a general rule, however, the higher the official the greater the kindness with which we were received, and the greater the endeavor to facilitate our plans. We were greatly indebted to Gen. Sumner and Staff, especially to J. F. Hammond, Surgical and Medical Director of his corps, for numerous sociable civilities and hospitable invitations. Gen. Richardson and his Staff were ever ready and willing to assist us, as also commissaries and quartermasters generally. Division surgeons were also gentlemanly and obliging.

On Friday and Saturday, May 2d and 3d, rumors were more than usually prevalent of an advance movement of the division near us, and the general indications throughout the camp seemed to corroborate them. We took immediate steps to make requisitions sufficient for our own sick, in the way of rations and medicines, and the surgeons who intended to leave patients in our charge were notified by us and by their Division Surgeon, that an adequate provision should be made, under the circumstances, for all their wants.

Unfortunately this duty was omitted by many. The next day, Sunday, the day of the evacuation of Yorktown, and of the general advance of our troops, three hundred additional sick were suddenly brought to us in different squads, many without rations, medicines, cooks, nurses or cooking utensils.

Ass't Surg. Tompkins, —— N. Y. regiment, was directed to take charge of a portion of the sick, and performed his duties efficiently.

Not knowing to what extent our number might be still further increased, nor how largely our medicines and rations might be drawn upon, it was judged most prudent to make requisitions large enough to anticipate and cover any emergency or exigency that should come upon us.

It was necessary to get the supplies from Yorktown. The issuing of requisitions and obtaining transportation was at that particular time attended with great difficulty. Ward-master Cook, 20th Mass. Vols., was specially detailed, and spent thirty-six hours uninterrupted labor in the discharge of this duty. Too much praise cannot be given to Assist. Surgeon Greenleaf, of Dr. Tripler's staff, for his active cooperation and willing assistance at this and other times of great embarrassment, when his hands and head were overloaded with pressing and needed requirements. Surgeon Wheaton, of Rhode Island, was also very attentive and kind to us.

For days after the evacuation of Yorktown, straggling sick came to us and reported that others had been left in the woods and camps, without medical attendance, medicine, or proper and sufficient rations. Immediate orders were given for the ambulance-driver to hunt the camps through, and bring in any sick ones, too feeble to join their regiment. Several were found, and properly cared for. Soon our number of patients swelled to five hundred. Our cook cheerfully performed, to the extent of his power, this crowded and extra duty, with a supply of cooking utensils too scanty even for one hundred persons. Directions were given to the convalescent to cook and help all they could, with their dippers, for the sick of their own wards.

Notwithstanding these many obstacles, the patients, it must be confessed, did extremely well, and the amount of complaint from them was very little. The diseases were principally of a typhoid character, genuine typhoid fever, typhoid pneumonia, dysentery, diarrhœa, acute and chronic rheumatism. The type of all of them may be said to have been generally mild, in spite of the great fatigue, and, to many, exhaustion, from work in the trenches by night and corduroying the roads by day, with other labor incident to military encampments, and frequent exposure to long-continued, cold, north-east rain storms.

Malaria was said to be acting powerfully, and therefore quinine must be administered in large doses. The ill effect from this large dosing was found to be much greater than that from any supposed malarial influence. The improvement in every instance, where the quinine was either entirely stopped or given in greatly reduced quantities, was too marked and too continued to leave a shadow of a doubt as to the exciting cause of the persistent headache and diarrhœa. The good effect of stimulants, brandy or whiskey, was immediately seen, when we had some to give.

The wounded under our charge came mostly from the Andrew sharp-shooters. Considering the locality and depth of some of the wounds, the constitutional disturbance was slight and of short continuance. Some one or more came daily from the company to inquire after the wounded, and to see if they could furnish anything to relieve them, or if an extra nurse was needed. The mortality during our whole service, under the circumstances, may be considered as very small. Much credit is due to the hospital steward, W. W. Warren, 20th Mass. Vols., for his willing labor under all the trials.

Early on the morning of Monday, May 12th, directions came to us to have all our sick, medicines and stores transported to Yorktown. Orders were immediately given to have everything in readiness for instant departure. Seventy-five four-mule army wagons, with a little hay on the floor, were at our disposal, and by one o'clock, P.M., all the sick, baggage and stores of every kind, were in Yorktown. Very considerable apprehension was felt in reference to the effect of a ride of over six miles upon the sickest typhoid and other patients, in a hard wagon, and over a rough corduroy road. It would have surprised no one if some had died on the passage. The order to remove them was a military necessity, and must be obeyed. Nurses were detailed to follow certain wagons and furnish whiskey to the most feeble; and on the arrival of the last wagon in safety, it was found that many of the very sick typhoid patients were sensibly improved by the ride, and the improvement was more manifest the next day. These hard-riding army wagons were immeasurably superior to any one-horse ambulance that we saw for the sick and wounded. The drivers of these ambulances call them very aptly, "horse-back breakers," and to this it might be added that they are general body shakers and breakers, unless upon a road smooth as a race course.

We reported to Ass't Surg. Greenleaf, at headquarters, and delivered over to his care all the sick, together with the medicines, rations, cooking utensils—in fact, everything belonging to our hospital. The next day, Tuesday, in the afternoon, we went on board the State of Maine, a transport steamer, containing 360 patients, sick and wounded, and arrived in Washington, Wednesday, at noon. Leaving Washington on Thursday, we reached Boston early Saturday morning, May 17th, 1862, after an absence of more than five weeks.

Before closing our report, we feel as if we ought to again bring in prominent notice the help and kindness of Gov. Sprague. From what we afterwards knew and saw, it is almost impossible to say from what vexatious delays and trouble we were saved by his opportune and valuable aid. It has been constantly appreciated and spoken of. Special thanks should be given to Surgs. Tripler, Hammond, Wheaton, and Ass't Surg. Greenleaf, for their uniform politeness and attention to us.

It will be seen from the above, that at times we labored under great difficulties. Many of them were probably unavoidable and incident to war anywhere; but much might be better, if there was a stronger force of officials to carry out many of the details of the work, for the heads of all departments are greatly overtasked.

To an observer of the immense amount of work accomplished by Gen. McClellan, in the space of one month prior to the evacuation of Yorktown—to wit, the digging of deep, wide trenches, miles in length, the formation of breastworks, the planting of batteries, the cutting down of thick forests, and building, corduroying and repairing roads, the twenty-four hours picket duty once in three days, with the accompanying night labor, to say nothing of the interruptions and loss of sleep from night alarms occurring occasionally two or three times in the same night, and exposure to frequent cold, heavy rains, it is only remarkable that there was not more confusion, greater deficiencies, and a much larger sick list and mortality. Whatever the obstacles, natural and other, to Gen. McClellan's preparations and movements, an area of a few miles will have on its surface, deep, lasting lines and monuments of his great energy, perseverance and thoroughness. The patience, cheerfulness and fortitude of the soldiers, their sympathy and ready assistance to each other, present striking evidence of their confidence in their active and self-reliant leader, and certain indications of the success of their arms, to which we are all looking forward.

Geo. H. Gay, M.D.,
C. D. Homans, M.D.,
R. M. Hodges, M.D.,
*Surgeons specially detailed by His Excellency the Gov. of Mass.*

Wm. J. Dale, *Surg. Gen.*]

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## Report of Dr. S. Cabot, Jr.

Boston, May 22nd, 1862.

*To His Excellency Governor* J. A. Andrew, *Commander-in-Chief of the Forces of Massachusetts.*

In accordance with orders from your Excellency received through the Surgeon-General of the State, I, with my assistants Drs. Parks and

Heartwell, left Boston on April 10th for the seat of war before Yorktown, in company with Drs. Gay, Homans, and Hodges, who were detailed by you for similar service.

Aided by the kindness of Governor Sprague, of R. I., we were enabled to reach the headquarters of the Army of the Potomac, April 13th, where we reported to Dr. Tripler, Medical Director of the Army of the Potomac. Drs. Parks, Heartwell, and myself, were retained at headquarters, Dr. Tripler intending to place us in a position where some of the sick and wounded troops of Massachusetts could have the benefit of our care. But owing to inexplicable opposition, it appeared that harm instead of benefit would be the result of this arrangement, and it was therefore given up. We were then requested to organize a Hospital for Regulars in a deserted Rebel Encampment near headquarters, with the understanding that, so soon as our services should be needed by Massachusetts soldiers, we should be at liberty to leave the hospital and hasten at once to the aid of the soldiers of our native State. This plan was carried out, and I think we can truly say that great good was accomplished through our means, and that though we had no peculiar care of Massachusetts troops, still we were able to carry out the spirit of our instructions, by taking care of the sick and wounded from the Regular Army, and by saving lives valuable to the whole country.

After our hospital was established, we averaged about 120 patients, the number being sometimes as high as 146, and sometimes below 100; we discharged about 10 a day on an average. Typhoid fever, dysentery, and diarrhœa, were the principal diseases, which yielded to the effect of rest, shelter, proper food, and a very moderate use of drugs, with great rapidity.

On the day of the battle at Williamsburg, as I was ill with dysentery, I despatched Dr. Parks, at his own request, to the field of action, and remained myself behind at the hospital. Dr. Parks was so fortunate as to afford valuable assistance to Dr. Z. Bliss, one of the surgeons from Michigan, who had established his field hospital in a barn at about a mile and a quarter in the rear of the battle-ground.

The next day I rode up to the battle-ground, saw many of the surgeons, offered my services in any capacity, and having ascertained their most pressing needs, returned to headquarters at Camp Winfield Scott, and communicated with the Medical Officers in reference to their supply. The next morning I despatched Drs. Heartwell and Becker that they might report to Dr. Tripler for service, in answer to a telegraph from the advance, and soon followed them myself to Williamsburg. I took charge of the Seminary Hospital at that place, and remained there until the wounded under my care could be taken down to transports at Queen's Creek, and thence to Fortress Monroe, whither I accompanied them, leaving Dr. Heartwell in charge of the sick, who were to be left at the Seminary until the wounded had been sent to the rear; Dr. Parks being left in a similar position at the hospital for Regulars near Camp Winfield Scott.

Upon my arrival at Fortress Monroe, the wounded were placed in the hands of Dr. Cuyler, the Medical Director of that post, who requested me to take charge of the Steamer Kennebec, aboard of which were about 200 wounded rebels and 25 wounded Union men, to be taken to Washington; I was, of course, most happy to be thus useful, and being ably assisted by Dr. A. Holbrook, of Mass., and some surgeons from N. Jersey under the lead of Dr. O'Gorman, of Newark, we were enabled to make the poor fellows tolerably comfortable, and with the exception of one rebel who committed suicide, delivered them safely into the care of Dr. Hammond, Surgeon-General of the U. S. A.

On taking the cars at Washington, I found all of our original party, with the exception of Dr. Heartwell, assembled from their various posts of duty, as it were by accident. I learn from Dr. Parks that Dr. Heartwell is released from his post, and that he is also most probably on his way home, if he has not already arrived there.

I wish here to express my warm appreciation for the valuable aid afforded me by the gentlemen who were assigned me as assistants. During the time while we were present with the army, we took every opportunity to express to the various Brigade and Regimental Surgeons of Massachusetts, our willingness and anxiety to afford them any assistance in our power. Dr. Tripler, at my request, sent circulars to each of the Massachusetts regiments, informing them of our presence with the army, and our desire to be useful to the soldiers of Massachusetts. But we were not called upon for such help, for some reason not clear to any of us.

Very respectfully submitted, by your obed't servant,

S. Cabot, Jr.

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## Report of Dr. A. Hitchcock.

*To the Surgeon-General.* Fitchburg, May 20, 1862.

Dear Sir,—I seize the earliest moment, since my return, to report to you the character of the duties devolving upon me at the headquarters of the Army of the Potomac, whither I went under your order of the 1st inst. I was at Yorktown on Monday, the 5th inst., and was an attentive listener to the cannonading that day going on at Williamsburg, distant five to ten miles, along the line of battle, which stretched nearly across the peninsula. Some of the time the cannonading was terrific, counting ten to twenty discharges per minute. The distance was too great to hear the musketry; but the fresh orders for "more troops" from Yorktown, and the hurried tramp of thousands of horsemen, the heavy moving of ammunition and baggage trains, and the rapid march of tens of thousands of infantry "onward! onward!!" to the scene of conflict, all indicated the importance of that day's struggle, and was a significant omen to every surgeon to be instantly ready for work. Night passed, rainy, dark and muddy, and morning came, with mist on the river, wreathing the one hundred and forty steamers and transports moored along the shore, in fleecy beauty, while the bright sunshine of a May morning shone over the leafy forests and dense columns of men who were still moving onward by the road, or crowding hurriedly to the boats for river transportation. The cannonading at Williamsburg had now ceased, and early in the day a telegram from Dr. Tripler, at Gen. McClellan's headquarters, called fifteen of the volunteer corps to report at once to him. The Massachusetts and New York surgeons were quickly on the way, and soon had practical knowledge of Virginia mud, and the great tax laid upon human and brute strength to make a hurried journey of only ten or twelve miles. But the mud, swamps, ravines and bogs were at last overcome, and after crossing the battlefield, where some dead still remained unburied, and many wounded were still only partially cared for, in tents or in the bushes, we reached Williamsburg, and immediately were assigned to duty. The Regimental and Brigade Surgeons were needed to go forward with the army, then in hot pursuit of the rebels, and most of the service, after Tuesday, in Williamsburg, was performed by the Volunteer corps. Drs. S. Cabot and Heartwell, of this State, were already in charge of the Seminary Hospital, and both were highly complimented for fidelity and skill by the venerable Dr. Tripler, of General McClellan's Staff. The New York surgeons took charge of the churches and many private houses now crowded with wounded men. William and Mary's College, the *Alma Mater* of Jefferson, Madison, Randolph, and a host of brilliant men of blessed memory, untainted with treason, now converted into a military hospital, was placed under my charge. The first night it contained 175 patients, mostly wounded by gunshot or shell. During the next six days we received and sent to the boats from this hospital alone a little more than 300 men, leaving only a few "stumps," and a few with mortal wounds, to be cared for by a surgeon detailed, on our leaving, for that purpose. The Government had provided several large steamers, supplied with blankets, mattrasses, &c., for the immediate transportation of the wounded to more Northern cities, and most rapidly and successfully within eight days over 2000 wounded men were moved from Williamsburg. Drs. Tripler and Smith, of the Staff, evinced the highest degree of administrative ability in accomplishing this work. Much credit is also due Dr Bronson, of Attleboro', Mass., who served with me at the College, for his activity in the transportation by ambulance to the boats. I ought also to acknowledge the valuable assistance at the College of three Rebel surgeons, prisoners, who generally were equally attentive and kind to Confederate and Union men.

We had numerous fractures at the College, and I had no hesitation in appropriating the mahogany and white wood of those consecrated halls, to extemporize a "Desault" or "double inclined plane." The right arm of one poor rebel I amputated at the shoulder-joint; which, with my subsequent treatment of his case, drew forth from him and some of his comrades the strongest expressions of gratitude and confidence; and nearly the same manifestation of gratitude and kindness was evinced by many others on whom I operated for removing bullets or ligating arteries. It was a great marvel to these poor deluded fellows that a Yankee surgeon could do them a kindness. A Virginia Captain, who had extensive fracture of the right side of the skull by a minié ball, requiring removal of bone 1½ in. wide by 4 in. long, and a considerable portion of cerebral substance, was alive when I left, took food, talked incoherently, and was paralyzed on the left side. He will probably die in a few days. A Georgia Captain received a wound from the fragment of a shell in the right side of the abdomen, just within the crest of the ilium, tearing through the muscles and passing behind the caput coli without entering the peritoneal cavity. The wound was ragged and frightful, and the head of the cœcum constantly protruded at the wound, unless retained by compresses. Pus was discharged abundantly from the deep irregular cavity between the peritoneum and ilium, the pain was slight and constitutional symptoms very mild, the peristaltic motions of the colon were beautifully visible, bowels had moved freely, he had appetite, was hopeful and plucky, and expected to recover and be released and again draw his sword in the Rebel cause. I left him at "William and Mary," and think that his recovery and fitness for fighting service is about as apocryphal as the future payment of Confederate bonds. All the fractures of the arm and leg that did not require amputation were dressed and sent off on the boats. Several compound fractures of the thigh, either too high up or too much inflamed to justify secondary amputation, were left at the College. The rule has been pretty generally adopted, by Dr. Tripler and his associates, to amputate when the femur has been badly comminuted by a minié ball, and I am quite sure that the primary amputations have been more successful than the secondary.

Without being accurate as to numbers, I may state, as the estimate of the Medical Director, from thirty to forty thigh amputations among the forces engaged at and around Williamsburg. Colonel Tristam Burgess, of Rhode Island, aid to General McClellan, received a ball about the middle of his thigh, which passed upward and lodged on the dorsum ilii, deep under the glutei muscles. The bones were not injured.

Colonel William Dwight, jr., of Springfield, Commander of the New York 70th, received three wounds — one on his head, slight; one in his right thigh, severe flesh wound; and the third entered the left thigh upon the outside, just above and anterior to the trochanter major, crossing under or through Poupart's ligament, and, marvellously avoiding the external iliac and epigastric arteries, came out through the abdominal parietes just over the right internal abdominal ring. The Colonel's regiment fought like veterans. He lost 331 men, killed, wounded and missing, and was himself left for dead on the field. He revived, was taken prisoner by the rebels, and carried to Williamsburg, paroled by them in their flight, and subsequently came under my care, a true soldier and noble man. I had the pleasure of transferring him safely to the care of his friends in Washington, last Thursday. I trust his country will not withhold the gratitude and honor due his valor.

At Fortress Monroe, we had some changes on the Steamer. The number of wounded rebels was increased to nearly 200. The New York surgeons were assigned to another boat, and our valued friend Dr. Cabot came on board and was made Medical Director for the voyage to Washington, whence the prisoners were ordered to be sent by order of the Secretary of War. This order was a disappointment to many of the rebels. The ignorant and dogged grew frantic at the disappointment, as they had hoped to be paroled at once and sent to Richmond. One poor fellow (John Woods, Co. C. 14th Louisiana, Colonel Jones), whose thigh was amputated, and who was suffering under traumatic delirium, swore that "old Abe Lincoln should never hang him," and with terrible imprecations drew a dirk knife and stabbed himself at the epigastrium; before the weapon could be snatched from him, he gave himself a second wound, and continued to curse and swear and died in about an hour. Three others died under my care; one from bullet wound in the spine, one from wound in the chest, and one from inflammation following comminuted fracture of the condyles of the femur. This case ought to have had primary amputation. Three or four others that I left at "William and Mary" were *in articulo mortis*—from cerebral, thoracic and abdominal wounds. On arriving at Washington, I am sorry to add that many of the wounds, especially of those patients on the lower deck, had taken on an erysipelatous character. I have no doubt it was wholly owing to the defective ventilation and crowded state of the ship. Their speedy removal was at once provided for.

Excuse the haste and meagreness of this report,

While I remain, very respectfully, your obed't serv't,

ALFRED HITCHCOCK.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 29, 1862.

WE mentioned in our last week's issue that Drs. Cabot, Gay, Hodges, Homans, Parks, and Heartwell, had returned from their important duties in the Army of the Potomac, whither they had been detailed by the Surgeon-General on the special order of the Governor. They have made their reports (which we publish) to the Surgeon-General, and by the order of His Excellency they have been relieved from their detail with a most grateful and complimentary expression of thanks upon the part of the Executive for the very able, discreet, and humane performance of their arduous and delicate duties. Their report is most able, and will be read with interest by the profession.

Dr. Hitchcock, who represented the Executive Council, has also returned, and we publish his interesting experience.

Drs. J. R. Bronson, of Attleboro', A. B. Hall, Mighill, J. G. Wilbur, H. H. Page, and Becker, are with the Army of the Potomac, specially detailed and rendering the most valuable service; and, in addition, twenty-four professional gentlemen, from different parts of the State, detailed by the Surgeon-General, left this city on Thursday last, fully equipped for their arduous labors.

THE late Dr. John Ball Brown, whose death has already been briefly announced, was born October 20th, 1784. He was the son of Dr. Jabez Brown, of Wilmington, Mass., who had a very extensive practice in that and the neighboring towns, and who continued in practice 67 years, dying at the advanced age of 88. His mother was a Dexter, of the same family as the Hon. Franklin Dexter, and Dr. Aaron Dexter who was the first Professor of Chemistry in the Medical College of Cambridge, Dr. John Warren being at the same time Professor of Anatomy. This was before any bridge connected Boston with Cambridge, and the two professors were in the habit of rowing across to deliver their lectures daily.

Dr. John B. Brown was graduated at Brown University, Providence, R. I., in 1806. He studied Medicine with Dr. Augustus Holyoke, in Salem, Mass., until the latter relinquished practice, and finished his medical studies with Dr. Moses Little, who had an extensive practice in that city. Dr. Little being obliged to give up business for some months on account of ill health, it devolved upon Dr. Brown, while yet a student.

After taking his medical degree, he removed to Dorchester, Mass., in 1809, where he soon had a large practice. Typhoid fever prevailed during the autumn of this year, and at nearly the same time he had sixteen cases of this disease under his care. He removed to

Boston in 1810, and it may not be out of place to mention that during the first year after his settlement in this city he was called upon to perform a capital surgical operation in the family of one of its most influential men. In 1814, Dr. Brown married the third daughter of Dr. John Warren. In the following year, Dr. Brown was appointed surgeon and physician of the Boston Alms-house, which was at that time the only Hospital in the city or State; and it is an interesting circumstance to note that although one year was the period limited by the rules of the institution as the term of service of the attending physician, this rule was suspended at the expiration of the year, and Dr. Brown was appointed for another term, and besides his salary an additional sum was voted him.

At this period Dr. Brown had a large number of pupils, some of whom afterwards became distinguished in their profession; among whom may be mentioned Dr. Charles A. Cheever, of Portsmouth.

When the Massachusetts General Hospital was built and organized, Dr. J. C. Warren was appointed surgeon, and Dr. Brown associate surgeon at this institution, and when he resigned this office he was appointed consulting surgeon, which office he retained for many years.

In 1838, Dr. Brown devoted much attention to the study and treatment of what is now termed Orthopedic surgery. He gave earnest attention to the pathological conditions and to the cure of disease and curvature of the spine, and treated several cases during the year. At this period the operation for the subcutaneous division of tendons was unknown in New England, or at least had never been performed here.

On the 21st of February, 1839, he performed the first operation for the cure of talipes by the subcutaneous section of the contracted tendons. The patient was from Milton, Mass., and Dr. Jonathan Ware, of that town, published an account of the case with the result, which exceeded, as he stated, his "most sanguine expectations." This was the first case of clubfoot successfully treated, so far as is known, in New England. From this period Dr. Brown's reputation in this branch of surgery, which includes every variety of distortion of the neck, spine, and limbs, has widely spread, and patients not only from various of the neighboring States and from the south, but from the far west and even from the Sandwich Islands, have journeyed to Boston for the sole purpose of being placed under his care. The institution of this class of cases as a specialty, or, in other words, combining them for the convenience of a more thorough and scientific treatment, originated in this country with Dr. Brown.

The following anecdote, narrated to us by a distinguished contemporary of Dr. Brown, carries us back to an early period of his life, and thus introduces his master, the venerable Dr. Holyoke:—

"When Dr. Holyoke had nearly reached his hundredth birthday, the Massachusetts Medical Society, of which he was the first president, voted to invite him to meet it in Salem on that day and dine with it. Dr. Brown and myself were appointed a committee to wait on Dr. Holyoke and carry to him its invitation. This we did. We found this venerated patriarch of the profession in his study, reading. We were received with a courtesy and kindness which make such official visits especially pleasant. We asked what work it was which was lying open upon his table, and which he ceased to read when we entered his room. He said it was a volume of the Transactions of the Royal Philosophical Society of London. Upon our congratulating him that he still found interest in such somewhat dry reading, he said it was always agreeable to him, and for a reason he would give us. His memory had so entirely failed him, that what he read one day was perfectly new the next; this was as true of books of entertainment, he added — Scott's novels, for instance — as of works of a totally different class. The purpose of our meeting was made known, and the invitation of the Society very cordially accepted. This visit is remembered. It had much for memory. Here was the master, of a hundred, and there the pupil in the vigor and health of hardly middle life. Extremes were meeting, and were made more striking, more eloquent, than had there been less distance between them."

"Dr. Brown had amassed a large store of practical knowledge, which he was always happy to impart. He was endowed by nature with a cheerful temper, and the weight of years had not repressed it. He was a man of warm sympathies, and the commerce of the world had not chilled them:

> 'The general favorite, as the general friend.'

"After a well spent life, greatly protracted, exempted from 'the cold gradations of decay,' surrounded by the children whom he loved, and sustained by a Christian hope, he has gone to his rest."

An Army Medical Board meets at Washington on the 2d of June next, for the examination of applicants for admission into the medical corps of the army. Applications must be addressed to the Secretary of War, through the Surgeon-General.

St. Mary's Hospital has been lately opened in San Francisco, by the Sisters of Mercy. The building is 75 by 100 feet, is four stories high, and is divided into twelve large and commodious general wards, and a like number of smaller ones. It is to be under the professional charge of Dr. Lee, as President, and Drs. Bowie, Tolland and Whitney as visiting physicians and surgeons.

## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, May 24th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 42 | 36 | 78 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 33.2 | 35.9 | 68.1 |
| Average corrected to increased population, | .. | .. | 75.61 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 17 | 1 | 1 | 2 | 5 | 1 | 0 | 3 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending May 10th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.732 | Highest point of Thermometer, | 75.0 |
| Highest point of Barometer, | 29.964 | Lowest point of Thermometer, | 34.0 |
| Lowest point of Barometer, | 29.500 | General direction of Wind, | W.N.W. |
| Mean Temperature, | 54.6 | Am't of Rain (inches), | 0.00 |

Deaths in Boston for the week ending Saturday noon, May 24th, 78. Males, 42—Females, 36.—Anæmia, 1—apoplexy, 2—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 2—cholera infantum, 1—consumption, 17—croup, 1—cyanosis, 1—diarrhœa, 2—dropsy of the brain, 2—drowned, 1—dysentery, 1—scarlet fever, 2—typhoid fever, 3—gastritis, 1—disease of the heart, 2—homicide, 1—infantile disease, 3—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 5—measles, 3—menorrhagia, 1—old age, 2—paralysis, 3—pleurisy, 1—polysarcia, 1—puerperal disease, 1—smallpox, 1—teething, 1—tumor, 1—ulcer (of the bowels), 1—unknown, 6.

Under 5 years of age, 25—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 15. Born in the United States, 48—Ireland, 19—other places, 11.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. LxvI. Thursday, June 5, 1862. No. 18.

## CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement, by J. Mason Warren, M.D.—Continued from page 326.]

Case II.—*Formidable Case of "Aneurism by Anastomosis" of the Scalp.*—S. J. M., a healthy young man, 19 years old, entered the Hospital on the 15th day of April, 1861, for the treatment of a tumor of the scalp, which had lately grown with great rapidity. About five years ago, it was noticed that the bloodvessels under the skin of the forehead were becoming enlarged, but it was only for about a year that a decided tumor had existed. The tumor was situated in the median line, and measured in its longest diameter about three inches, and in its smallest nearly two, its elevation being about two inches above the frontal bone. Its shape was irregular, its bulk about that of half a large orange, its appearance that of a large mass of earthworms enclosed in a sack. It was of a reddish color, soft and compressible, and had a pulsation synchronous with that at the wrist. It was supplied by a great number of large, tortuous vessels, which pulsated strongly. The temporal and frontal arteries in front, and the occipital artery behind, seemed to afford the chief supply of blood to the tumor. The frontal arteries were especially enlarged, being quite equal in size to the radial artery.* The patient had tried compression for six weeks without diminishing the size of the tumor, or the pulsation in it. All the vessels in the neighborhood of the tumor were not only greatly enlarged, but the whole surrounding tissue had that aneurismal thrill which belongs to affections of this description. It was spreading gradually and involving the whole thickness of the scalp on the top of the head. The attack of it, therefore, by ligature of the large vessels seemed to be at first of somewhat uncertain promise.

*Operation.*—On the 17th of April, the patient being etherized, a strong ligature was introduced under each large vessel supplying the tumor, by means of curved needles, and at as great a distance as possible from the erectile tissue composing it. The ligatures were tied as tightly as possible, including the skin. The effect of this was to diminish the pulsation in the tumor, but not entirely to check it. Inside this circle three needles were therefore introduced under the skin, each about two and a half or three inches long, so as to include all the tissue around the tumor. Ligatures were introduced beneath these needles, and firmly tied. This served to cut off the circulation between the tumor and the surrounding tissues. There still continued to remain a sensation of vascular motion in the substance of the tumor. Two strong ligatures were therefore passed through the base of this last circle, and were brought over the summit of the tumor, and firmly tied. The operation lasted about an hour and a quarter. In the evening the patient was quiet, and slept for a good part of the time; his pulse was 70. On the 18th, he had some headache, and was much inclined to sleep; skin hot; pulse 82. There was no pulsation in the tumor, and small vesications were appearing on its surface. On the 19th, he was comfortable; pulse, skin and tongue natural; bowels had moved without medicine; appetite fair, and no unpleasant symptoms. On the 23d, the patient had remained comfortable since the last report; was sitting up in bed. There was a slight serous discharge by the side of the needles. On the 24th, there was a slight swelling of the right parotid gland, and a glossy appearance of the tissues between it and the tumor. Water dressings were applied over the whole surface. On the 27th, a ligature and a needle were removed. 29th.—It was found that a part of the tumor included between the ligatures was still alive, but no pulsation could be detected in it. On the 2d of May, I removed all the sutures and a portion of the slough, which was partially detached. On the 11th of May, the patient was again etherized, and two large needles passed at right angles to each other under the base of that portion of the tumor which still remained alive. A large and strong ligature was then passed under them and tied with great force. On the 15th of May, the patient having gone on well, the tumor being quite loose, the needles were withdrawn. A thick silk ligature was now passed around the base of the tumor and tied with a jerk, cutting off its remaining attachments and completely separating all the diseased tissue. This was followed by quite free bleeding, requiring the application of ligatures to one or two large arteries; the bleeding which occurred from the smaller vessels was checked by the use of a solution of perchloride of iron. On the 25th of May, the scab formed by the last application separated, leaving a healthy granulating surface. This healed kindly. Some weeks later, there being a suspicion of a slight erectile tissue remaining in a portion of the skin, I excised it, which finished the cure.

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* This tumor was similar to one described by Prof. Mussey, in a case in which he tied both carotids, and also to one which I described in connection with a case in which I also tied both carotid arteries.

This case is interesting, first, from the large size of the erectile tumor; secondly, from the great calibre of the principal vessels which supplied it; thirdly, from the immunity from unhealthy action in the skin, notwithstanding the great amount of that tissue implicated in the ligatures. The parotid gland at one time was certainly irritated, and the straining of the whole scalp caused a certain amount of swelling and an approach to œdema, but there was never anything like erythema, and but little constitutional disturbance. There is but little doubt that if the tumor had gone on much longer unchecked, the vascular system of the scalp would have become so implicated as to make any attempt to relieve the patient by operation unavailing.

## DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

### Lecture XII.

We may next pass in review a few of the considerations which are to guide us in the management of the mind of patients. I do not mean the management of the mind in its own diseases, but as one of the functions that may require to be regulated in any disease. This is a subject that would bear, as well as all the others treated, a wider consideration, but our attention must be limited to a few general points. We are becoming every day more and more aware of the great influence the mind is capable of exerting upon the body, as well as of the body upon the mind, both in health and disease, and of the importance of regulating this influence. This is particularly the case in chronic diseases, especially those of a functional character; but in acute also, though in a much less degree, the attention requires to be more or less directed to the state of the mind and the treatment to be arranged with a view to it.

The first question is as to the view of his disease, which the patient takes. Patients are very different as to the degree in which they take interest in the progress of their case. This is partly owing to temperament, and partly to the nature of the particular case and its influence upon the system. It often happens that they exhibit less anxiety in severe and dangerous cases than in those comparatively mild. This will be either because the present suffering so engrosses the whole attention that it is solely occupied by the desire of relief and the employment of means for it, or else because the perceptions are obtuse and blunted, and the subject is rendered so apathetic as actually to take little interest in his case or its dangers. He does not really comprehend his position. The alarm, the anxiety, the dread, is not at all in proportion to the severity of the disease. They are often great in trifling ones, and small in severe. Then, too, those who are by constitution nervous and apprehensive, and experience great dread of evil in ordinary ailments, become tranquil and submissive under the pressure of great and certain danger. Some persons are always despondent, not from any definite expectation of danger or death—whilst others are always hopeful and cheerful, even where the hazard to life is great. These conditions of mind are in these persons subjective, and depend but little upon the nature or intensity of the disease. No doubt the state of mind in these respects has some considerable effect upon the progress of disease, and still more upon the comfort of a sick person while going through with it, and a hopeful, cheerful frame of mind is always to be encouraged and cultivated.

Delirium, though a frequent occurrence in acute diseases, is not frequently an object of distinct treatment. It is an important element in most cases, and enters into the judgment of their character and the nature of the treatment they require, but the treatment has rarely in view the modification or removal of this symptom itself. Its importance as a symptom depends very much on the person and case. Some persons present it upon very slight ailments, others only upon the most serious. It is produced much more early and upon much slighter occasion in women and children than in men and adults, and also in some diseases than in others, and in some stages. It is a symptom which ought never to be overlooked and put aside hastily without weighing it. It does often occur under circumstances which show it to be unimportant; but it also sometimes occurs under circumstances which *seem* to show it to be unimportant, when it yet turns out not to have been so. When delirium, then, makes its appearance in an unaccustomed manner, at an unseasonable period, or out of proportion to the general tenor of the case, it is not to be neglected, but weighed well. We should inquire, whether there is anything other than the apparent character of the case which may have produced it—anything acting particularly on the patient's mind; anything in the mental influences around him, anything in the mode of treatment or the medicines administered? These circumstances all have an important bearing upon the question of prognosis and treatment. If delirium is simply a part of the regular course of the disease, its importance is much greater than if it have proceeded from any part of the treatment. Thus in some persons it comes on as a consequence of opium or some other narcotic, and is sometimes so considerable as to shroud the other symptoms of the case and cloud our judgment as to its management—since it is obvious that where this symptom is the result of such causes, it is of comparatively little consequence; for the danger connected with delirium is not from the delirium itself, but from that state of system from which it proceeds and which it indicates. If it proceed, therefore, from a dose of opium, belladonna or hyoscyamus, we may feel assured that it will subside on the omission of the medicine.

Usually this symptom requires no special modification of the treatment with a view to its direct removal. Where it is violent, and connected with disproportioned cerebral circulation and great heat, with general activity of the circulation, drawing blood by leeches—even by the lancet—with cold to the head, will be justifiable, and often give great relief. By diminishing the exhaustion occasioned by this symptom, the evil of the loss of blood will be more than compensated.

Delirium is sometimes purely nervous and accompanied by a depressed circulation, an inactive skin and cold extremities, though there may be unequal heat in various parts of the body. In such cases, whatever be the particular disease present—antispasmodics, ethereal preparations, wine, camphor, opium, may be found of benefit in its alleviation. It may also arise, in the course of a variety of cases, from the irritation of undigested food, of the state of the bowels, and the state of the uterine function. In all cases it is desirable carefully to distinguish between that delirium which necessarily proceeds from the essential character and severity of the case, and that which is an accidental complication, as where it comes from nervous agitation, food, medicines, a disturbed uterus, &c. We are to be careful also that the imperfect comprehension and description of the slight confusion of mind which often arises on waking from sleep, even in very trivial affections, is not confounded with the delirium which enters into the character of the disease.

But it is not to the mind as a special subject of disease that our attention is chiefly called in practice, or to its condition in acute diseases. The most important circumstance in connection with the subject, is the indirect influence which the mind is capable of exerting upon the body in the production of disease—on its variations and modifications, and on its removal. There is scarcely any disease, even those which are organic in their nature, whose course is not somewhat modified by influences acting through the mind; whilst in those simply functional in their character, there is scarcely any which is not capable of being modified for better or worse by such influences.

In all chronic cases, then, whatever their nature, the state of the patient's mind is always to be held in view, and never to be regarded as a matter of indifference. There is always one condition of mind rather than another, under which the disease will be likely to go on well, and that state should be cultivated both directly and indirectly. A cheerful, confident and hopeful condition is that under which improvement is most likely to take place. The patient should be induced to some activity on agreeable subjects. He should have some occupation which employs his attention but does not render him anxious—which interests and occupies both his mind and body, and distracts him from all attention to the symptoms of his disease. Filling the patient's mind with pleasurable excitement and a constant succession of agreeable sensations, is an important aid to the effect of all treatment.

Frequent instances present themselves of the great influence which the state of the mind has in promoting the favorable influence of remedies. Tell a hypochondriacal dyspeptic that he must walk and ride in the open air as a regular habit for his health, and he undertakes it reluctantly; it is a painful labor—a task which he undergoes with reluctance, as he takes a drug, and it does him little good. He suffers the slightest obstacles to deter him. He is afraid of sun and wind—of rain and snow—of fogs and east winds. Everything is a bugbear to him, and at every exposure he fancies he has caught a cold, or has contracted rheumatism. But let him be interested in field sports; let him go among woods, mountain lakes and rivers, with his dog and gun and a few genial companions, and all such obstacles are as nothing to him—they are forgotten. He will travel twenty miles a day without feeling it—sleep on the bare ground, in a wigwam or a log hut—live on half-cooked game and fish and coarse bread, and after a few weeks come home an altered man.

Evidences of this influence of mind on the body are constantly coming before us, not only in positive disease, but in that large class of patients who are always ailing, and whose minds are constantly dwelling on their ailments. The nervous, apprehensive, dyspeptic female, who cannot walk half a mile or do half an hour's house-work without really suffering from faintness, exhaustion and backache, will skate for half a day or dance for half a night without either. Whilst she has no strong purpose to call out the dormant energies of her will, she is apathetic and incapable; but let her child be sick, and she will watch for it and toil for it day and night; let her husband be reduced to poverty, and she will cheerfully do the duty of a housemaid and thrive upon it. We are apt to say that such a person might do the same things without this necessity, if she had only a mind to. The fact is, she cannot have a mind to. An element is wanting which she cannot supply. In the first case, her attention is directed to the *means*, and little good is the result; in the second, to the *end*, and much benefit follows. In the one case, she goes mechanically through certain bodily motions without pleasure or interest, merely that she may go through with them, and not because she obviously thus brings anything to pass; it is therefore constantly an irksome, fatiguing and disagreeable effort; in the other, she also goes through with certain bodily motions, requiring perhaps more outlay of strength, but then it is for a purpose of direct interest; for her amusement, to save her children, or to support her family, and she is sensible of no effort at all, but all is undergone with a species of satisfaction. We may not be able to see why there should be this difference, but it is a real one, which we constantly encounter in one way or another, and which nothing can do away with. It is a consequence of the mysterious influence of the mind and the affections upon the bodily organs through the brain and nerves, which we cannot understand or explain, but it is one of the most uniform of the facts which meet us in the study of disease, and is highly suggestive as to its management.

In various ways the direction of the attention to the bodily organs and to the manner in which the functions are performed, may produce distinct changes in the condition of those organs and their functions. This will depend upon the physical sensibility and the mental susceptibility of the persons concerned. It is usually enumerated as one of the effects of imagination, and we have many familiar examples of it. Let the attention be directed to the bladder with the idea of evacuating it, and the disposition to do so will be immediately felt. Let a nervous and susceptible person think that he has swallowed any disgusting or poisonous article, and he immediately suffers the sensations which the cause would produce supposing it to be real—such as pain, nausea, vomiting, cramps, &c. Hence in disease, especially when long continued, this effect becomes an evil of no inconsiderable magnitude. New symptoms originate in this way, and may at last become a part of the disease, and have a real substantial existence. Question a very imaginative person about certain symptoms of which he has never complained, and sometimes he will soon have them. When a patient's mind has been excited with regard to some disease particularly dreaded very dangerous in its character, as lockjaw or hydrophobia, he may be sometimes soothed and his fears quieted by so questioning him as indirectly to fix his apprehensions upon some other malady, less frightful, to which his attention may thus be directed. Many of the strange vagaries of hypochondriacal and hysterical patients are due to this source, and even the mere dyspeptic may increase the intensity of his symptoms by dwelling upon them. There are very few of the class of persons of whom we are speaking, who, if their attention is habitually directed to the mode in which digestion is performed, will not have some imperfection in it created, or at least aggravated, by such constant dwelling of the mind upon it.

But though productive in this way of evil, a corresponding direction of the patient's attention to measures for his relief is often productive of a favorable effect. This effect usually indeed simply consists in giving him hope and courage while the process of recovery is going on, and thus preventing that despondency into which many are apt to fall when they are not employing any means from which they expect a distinct effect. To this is to be attributed the benefit which persons of a hopeful temperament are apt to experience from new remedies or a new course of treatment, even in incurable diseases. For months, and sometimes for years, in spite of constant disappointment, they are always about being cured by some new nostrum. In the early days of examination by the stethoscope, it was not uncommon for the application of this instrument and the use of percussion to be supposed remedial, and for patients to imagine themselves relieved. Sir Humphrey Davy narrates a case in which a paralytic patient expressed relief on the introduction of a thermometer into the mouth as preparatory to a different application, supposing it to be the remedy itself. Noting this, he relinquished his original purpose, and simply persevered with the continued application of the thermometer, and the patient went on to recovery.

It will be inferred from this statement, how important to the comfort of most patients, and even to the recovery of some, is the employment of some sort of treatment. There are few of us philosophical enough to endure pain and continued confinement without seeking some alleviation and using some remedies, even if we know that the disease is certain to go on its regular course quite unaffected by them. Patients frequently request us to give them something to do, even if it can do them no good. The weary hours are passed with less tediousness if the mind is fixed at certain intervals upon some distinct object of attention, something to be taken, something to be done. This brings up the question, much debated among physicians, how far it is justifiable to occupy the sick man by inefficacious remedies simply to amuse his imagination—*placeboes* as they are professionally called. There are some persons so reasonable and intelligent that they can be made to understand the principle on which recovery takes place, and are willing to wait patiently for the natural event. Still these are very few, and a large majority of sick persons must be doing something and acting under guidance. Fortunately, there are few cases in which something may not be done to relieve some symptom, remove some uncomfortable feeling, allay fever, quiet restlessness, procure sleep or support the strength, and that without any disagreeable or irritating remedy. With many persons it is all sufficient if they feel that they are acting under direction; that whatever they do as to food, drink, exercise, air, exposure, &c., is by the authority of one to whose guidance they have committed themselves, and with whose guidance they are satisfied, whether it be to many things or few things. How much it is justifiable to concede to this feeling on the part of patients or their friends, when it can only be satisfied by the adoption of many measures, must be left to the conscience of each individual. It is perfectly certain that there are many persons who can never be contented to labor under any disease, unless they feel that some distinct agencies are put in force for its relief. It is also equally certain that there is seldom any disease grave enough to be placed in the hands of a physician, for which, as has been just stated, some distinct treatment may not be employed with some sort of advantage.

Upon the whole, hardly any one thing contributes more to the comfort of the patient, and in no inconsiderable degree to his recovery, where recovery is possible, than a cheerful, tranquil and confident state of mind; and to this some degree of hope is almost essential, and is of course always to be encouraged. In a certain sense this may be done even in cases necessarily fatal, and known to be of fatal tendency by the patient, without any violation of truth or candor. The effect aimed at does not so much depend upon the importance of the object hoped for, as upon the state of hoping for something. The sentiment of hope is always an agreeable one, even where inspired by the most trivial consideration, and this sentiment is what we are to encourage. How can this be done, it may be asked, in a necessarily fatal case? Of course in all cases, where it can reasonably and honestly be done, the prospect of ultimate recovery is to be kept in view. Where the patient is obliged to relinquish this, the postponement of the great evil of death to some distant period is often felt at first as a great boon, and imparts a state of cheerfulness and happiness; where this hope is relinquished, he may be encouraged to hope for an alleviation of prominent symptoms, a mitigation of his sufferings. and, last of all, when everything has failed, that he may escape a painful death. The shock of the great evil is soon over, the mind becomes accustomed to the contemplation of it, and may be cheered by some subordinate good to be anticipated, or some subordinate evil to be remedied. Men bear almost anything better than long-continued suspense and uncertainty, especially where there is a predominant apprehension of evil. When the hope of a great good is lost, a lesser one may take its place and perform the same office. It is astonishing how large a proportion of persons in fatal diseases, when once convinced of their fate, become accustomed to its contemplation, and tranquil, even hopeful, in spite of it. It is true that there is great difference of temperament, and that in some men the mind itself becomes morbid in this respect, and they become incapable of hope. But it is to be remarked that this is quite as likely to happen in cases where there is no reason for despair, whilst in those where the expectation of ultimate recovery has been abandoned, these subsidiary hopes of smaller benefits spring up the most frequently, and serve to render the days of sickness and the progress towards death cheerful and endurable.

## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Concluded from page 354.]

Case V.—August 8th, 1856. Child aged 8 years. 1st day, case commenced with nausea and vomiting. 3d day, character of disease partially developed; eruption, in irregular patches of a light color, appeared on the chest; mouth and fauces very red; much distress at the stomach, with occasional vomiting; tenderness in abdomen, with diarrhœa. Heat of body irregular, and great restlessness. Directed carb. ammoniæ, ʒ ij., water, f ℥ ij. Dose, one teaspoonful every two hours. 4th day, eruption more developed, and the unfavorable symptoms in stomach and bowels much relieved. 5th day; at the close of the day, the smell of the ammonia was very distinct in the urine. Continued improvement. 6th day, the child looks up, and with a smiling countenance says she is well; has slept quietly; eruption gone; asks for food.

In this case, the ammonia was not given until the third day. Unlike those in which it was given on the first day, an abscess formed in each of the parotid glands.

Having given the successful, it remains to give the unsuccessful cases.

Case I.—Child 2 years of age. I saw her for the first time at the close of the second day. She had had convulsions, from which she passed into coma, and in this condition she had been for eighteen hours; breathing very hard; eruption imperfectly developed; skin hot and dry; pulse very quick. Ammonia was not given until the morning of the third day; then it was given with difficulty, owing to the state of the throat. The child continued comatose until she sunk in death, on the next day.

Case II.—In another case, a child under 3 years, in which there had been repeated attacks of convulsions; the ammonia was not given until after the third day—and then without benefit. The child died after a fortnight's sickness, with strongly-marked symptoms of effusion on the brain. In this case the eruption was very imperfectly developed on the skin, and the ammonia was given irregularly.

Case III.—Child 2 years old. I saw this child when first attacked. She was vomiting violently; much distress in her expression; general coldness of the surface; purplish appearance of the face, particularly around the mouth. As an older brother was just recovering from an attack of the scarlatina, I had no doubt of the nature of the disease, and predicted to the mother that it would be a severe case. Directed that the ammonia should be given in doses of three grains, and repeated every two hours.

2d day.—Had a restless night; efflorescence on chest; faint and irregular patches; pulse very quick; very uneasy. Continue medicine.

3d day.—Efflorescence more developed on the chest, and extending to the extremities. General appearance more promising.

4th day.—Not so well. One half of the left foot deadly cold and white; left hand also cold; the rest of the body hot, and of a deep red. Continue the medicine. 5, P.M.—Child has been very restless through the day; extremities still cold. 6½, P.M., I was called to see the child. Blood has been found on the pillow near the mouth, unknown whether it came from the mouth or nose. 9½, called again; has had a profuse discharge of blood from the bowels—not less than one half pint. Directed diluted nitric acid. 11, P.M., another discharge of blood.

These discharges continued, with intervals of about two hours, until 6 o'clock, next day, when she died. Previous to each discharge there was great distress. Epigastrium very tender; bowels much distended. After a discharge of blood, the child would become easier, and for a short time would sleep. By degrees the distress would return, and continue until relieved by another discharge. The child was not vigorous; her stomach was particularly sensitive, and vomiting would occur from slight provocation. Within a few weeks of her death, for three days in succession, she vomited everything that she swallowed—even cold water. Sometimes, last summer, while undergoing the mumps, she also vomited everything.

It would seem, that in this patient there was a predisposition to disease in the stomach, and that the rash, from some accidental cause, was repelled from the extremities, and fixed with deadly power upon the stomach. No examination was made after death, but the symptoms clearly indicated the stomach as the source from which the blood proceeded. The termination of the case was uncommon. I can find no mention of anything of the kind in any work within my reach.

Such has been my experience with the subcarbonate of ammonia in the treatment of scarlatina. This experience, I am aware, is not sufficient in itself to be conclusive; but as confirming the testimony of others, it has seemed to me instructive. The few cases that I have detailed, have commenced with violent symptoms, threatening serious results. The first case, that of my own child, is of special interest. This case was ushered in with convulsions, which occurred three times in six hours. It is not uncommon for other diseases to commence in the same way. In very young children, I have seen convulsions at the commencement of measles, lung fever and dysentery, and their occurrence usually indicates a severe affection. But with the exception of affections of the brain itself, the occurrence of convulsions at the commencement of scarlatina has seemed to me a more serious event than at the commencement of any other disease. I think that it is not difficult to account for this. When convulsions occur in the diseases above mentioned, the brain or nervous system is excited by sympathy, or by causes acting primarily on remote parts; whereas, in scarlatina, the convulsions are caused by its virus acting directly on the brain itself. With the exception of the single instance that I have stated, I cannot recall a case of scarlatina commencing with convulsions which has not closed either in death or in a lingering recovery and leaving unpleasant sequelæ.*

The question now recurs—what is the "*modus operandi*" of this medicine? An answer to this question necessarily involves some consideration of the cause or nature of the disease itself. I have already intimated, that erroneous views upon this subject have led to diverse and unsatisfactory modes of treating it.

Scarlatina has been regarded as a dynamic disease, or a disease of the vital textures, in which the fauces have been supposed to be specially involved. The varieties or forms of the disease are distinguished from each other, particularly by the condition of the fauces. But the fact that scarlatinous patients may be struck down immediately, or in a few hours, without anything to be found in the throat to account for the occurrence, is strong evidence that the affection of the fauces cannot be regarded as the primary disease, nor as the most important feature in the disease. On the other hand, is it not obvious that it is the poison acting on the brain, which produces the most alarming symptoms, and the most prominent features? When this poison is very virulent, or the patient very susceptible to its effects, it may produce apoplexy, or sudden death; or it may cause convulsions terminating in coma, from which the patient may never recover. When the poison is less virulent, or the patient less susceptible, the impression on the brain will produce vomiting, general distress and anxiety, with much prostration, greatly impairing all the functions, especially those of the skin and kidneys, in consequence of which there is imperfect development of the disease on the surface, and an undue accumulation of it on the fauces. Or the impression may be mild, producing nothing but a partial and temporary interruption of the normal functions, the system being relieved of its annoyance by the specific action of the virus on the surface.

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* It is worthy of remark, that some of the most distinguished English medical authorities do not mention convulsions in connection with scarlatina. Neither Sydenham, nor Cullen, nor Good, nor Marshall Hall, mention the subject. Armstrong speaks of them as occurring now and then; and Copeland says, "In very young children convulsions *may take place* at or during the commencement of scarlatina." It certainly cannot be regarded as an uncommon occurrence with us. I do not remember any season, during the last twenty years, in which the scarlatina has prevailed in the neighborhood where I live, and in no year has it been sufficiently extended to be called an epidemic, that cases of this description have not occurred.

With this view of scarlatina, it is evident that the affections of the throat or skin are consequential or secondary. They are to be regarded as manifestations of the disease, holding the same place in scarlatina that ulcers of the skin do in syphilis.

In like manner, in the treatment of the disease, everything has been done with the view of controlling dynamic action. Much attention has been given to the treatment of the affection of the throat, by local applications to it; and the general treatment has been stimulant or the reverse, as the disease has been one of depression or excitement. It is evident, that the physicians who first brought ammonia into notice, regarded it as a stimulant, in accordance with the current medical views of their times. They recommend that it should be given as stimulating as possible. It seems to have escaped the observation of these physicians, that they found this medicine of equal value in all forms of the disease, whether of excitement or depression. Brandy, wine and bark, they say, had been used by them, as it had been by others, without any special benefit in low forms of scarlatina—and yet have any medicines been discovered of greater service, in diseases calling for stimulants, than these?

In the treatment of scarlatina, ammonia has been found of value in cases of much depression, and quite as much so in cases of high excitement. In the case of my own child, there was no call for stimulants. Indeed, it was one of those cases which a few years ago would have been regarded fit for the most active antiphlogistic treatment. The action of the heart was tumultuous, the lungs panting, the skin burning with heat—why add fuel to the flame threatening to destroy the house? In the article in *Braithwaite*, which I have referred to, Dr. Wilkinson is quoted as saying "that it [the ammonia] possesses the power of increasing the strength of the arterial circulation, at the same time that it diminishes its frequency; that it supports the vis vitæ without increasing the heat or irritability of the system, and by this means counteracts the tendency to ulceration and sloughing." Allowing this to be true, the question again recurs, is the action of the medicine directly upon the vis vitæ or dynamic power? or does it act indirectly upon them, by first altering the condition of the blood, or by neutralizing the poison that is circulating through the system?

If it be admitted that scarlatina is caused by a poison, however it may be produced, there can be but two ways of treating it: one, by supporting the patient, alleviating his sufferings, if we can, and allowing the system every facility to work out its own cure; the other, by finding an antidote to the poison, which will neutralize it, and either cut short the disease, or mitigate its severity and take away its danger. The latter, I am persuaded, is the effect of subcarbonate of ammonia in scarlatina; and I believe that many years will not have passed before this medicine will have taken its place by the side of cinchona and its derivatives as a reliable specific.

I have thus endeavored to illustrate what I have termed the chemical treatment of disease. The subject is very far from being exhausted, and I feel my want of ability to treat it as it should be treated. It is opening a wide field for investigation, and presenting many subjects of interest, which will require extensive observations, and many experiments, both chemical and therapeutic, before they can be thoroughly understood and made of practical importance.

The division of diseases into dynamic and chemical is founded on a natural distinction, existing in the system itself. On the one hand, we have the principle of life, known by the several names—vis vitæ, sensorial fluid, energy of the brain, vital or dynamic powers, nerve power, which, acting in and through the nervous system, excites and controls the functions and actions of the whole body. On the other hand, we have the animal structure, with its varied organs and textures, and, most of all, the blood, which enters into and forms a constituent of every part, dependent on certain primary elements in due proportions, and without any foreign or noxious admixtures, for the maintenance of the health and vigor of the body. Each of these parts of the living system is susceptible of being affected by different causes and in different ways; and at the same time they are mutually dependent and constantly acting on each other. The former is liable to be affected by various articles introduced into the stomach, either as medicine or drink; by mental conditions and emotions from within, and states of the atmosphere, both caloric and electric, from without; and as a consequence all the functions employed in building up, preserving and purifying the body, may become seriously deranged, or suddenly paralyzed. The latter may be affected through the lungs, the stomach and the skin, by the admission of deleterious articles, either in a fluid or gaseous state, which first mingling with the blood may act directly on the tissues, or by a sudden impression on the brain interrupt all the functions and produce lingering disease or sudden death.

Corresponding to these natural divisions of the body, both in health and disease, should be our treatment—1st. The dynamic, by which the curative efforts of nature to restore the system from an abnormal to a normal state should be supported, aided or directed. 2d. The chemical, by the use of such articles as shall destroy morbid growth of a local character; or of such as shall neutralize poisons, which are disturbing or threatening to destroy the whole fabric.

## Army Medical Intelligence.

*To the Surgeon-General.* WHITEHOUSE, VA., MAY 27th, 1862.

SIR,—In accordance with your instructions, I came on with the party of "Surgeons detailed on the order of Surg. Tripler, U. S. A., Medical Director," &c., leaving Massachusetts on Thursday evening, May 22d, for New York by Norwich. We reached Baltimore on the afternoon of the 23d, whence, after calling on the Provost Marshal and the Quartermaster, we took boat for Fortress Monroe, arriving on Saturday morning, the 24th. As advised by you, I called at once on Dr. Cuyler, with your compliments and for direction. He desired me to detail two of the surgeons, young men, to assist in the care of the sick and wounded at Fortress Monroe. Accordingly, on his written order, after conference with the surgeons in question, and consultation with my colleagues, Drs. Mack, Thorndike and Munroe, I detailed Dr. Crooker and Dr. Blanchard, who remain at Fortress Monroe. At about 11 o'clock of Saturday morning, the 24th, with a permit from the Quartermaster at Fortress Monroe, we took boat for this place—Whitehouse—on the Pamunkey River, the present terminus of the railroad from Richmond, over which cars ran for the first time, since the flight of the enemy, on Sunday, the 25th, to Tunstall's station, a distance of five miles, and yesterday to Dispatch, fifteen miles. We reached Whitehouse on Saturday evening. On calling at Dr. Tripler's quarters, I found that he was at Yorktown, but would return in the course of the night. Early on Sunday morning I called on him again, and made an appointment to meet him at the Field Hospital here for preparation of the contracts and disposition of the surgeons. We find here the largest field hospital in the Army, with at present about thirteen hundred patients; but there was said to be also great need of surgical assistance at Yorktown, since relieved. Accordingly, after signature of the contracts, Dr. Tripler detailed Drs. Ainsworth, Severance, Lamb, Carpenter, Howe, Brown, Fuller, Cummings, Morse, Hitchcock and McCollister, to report at Yorktown; while Drs. Munroe, Fletcher, Seymour, Campbell, Stocker, Millett, Underwood and Greene, were ordered to report to Dr. Baxter here. Drs. Mack, Thorndike and myself are "at large," as you advised. On Sunday, the 25th, we visited Brigade Surgeon Bigelow, formerly of Massachusetts, latterly of Paris, France, who is sick on board the Floating Hospital Commodore. Yesterday, the 26th, we went up on the cars to the Station Dispatch on the Richmond Railroad, and then on foot some four or five miles to the headquarters of the Massachusetts 15th and Massachusetts 19th, both a little in the rear of Gen. McClellan's headquarters. We found them in good medical and general condition. After our return to the Station Dispatch, we fell in with Surg. Tripler and Surgeon-General Smith, the latter an old and particular friend of mine, who invited us to his headquarters, the steamer Whildin, which is also the quarters of Dr. Tripler when at Whitehouse. Here we passed the night, and are under obligations for distinguished courtesy.

Yours respectfully, JOSEPH SARGENT.

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DAWFUSKIE ISLAND, S. C., MAY 6, 1862.
CAMP OF 28TH REG'T MASS. VOLS.

*To the Surg.-General.*

DEAR SIR,—I have just received your note informing me that a package of quinine, for prophylactic purposes, has been forwarded me, and I make use of the opportunity offered in acknowledging the receipt of the *letter* (the *quinine* has not yet arrived) to give you a short history of the regiment from the time I last reported. When I wrote last, we were at Hilton Head. A nice camp enabled us to live comfortably, in spite of the disagreeably sandy soil; although the sameness of the life we led furnished but little to talk about, and the health of the regiment continued generally good. On the night of Sunday, April 6th, however, after midnight, and at an hour when all good people are supposed to be in bed, I became conscious of the presence of Adjutant Sanborn by my bedside. An "official business" envelope in his hand, and the announcement that orders had just then arrived for us to be ready to start by 8 o'clock in the morning, readily explained his business; and by 8 o'clock in the morning the regiment was ready to start. The "Order" did not allow the carrying of tents or heavy baggage, as it was supposed that we might have an immediate engagement. So, with hospital knapsack strapped upon his back, I started with an orderly, leaving Dr. Snow to superintend the transportation of our heavier baggage, and to "wind up" the affairs of the "concern" at Hilton Head.

The cause of this sudden start was, I believe, that an attack was anticipated on Dawfuskie as soon as fire was opened upon Pulaski, and it is thought that our arrival prevented the attack from taking place. Whether such be the case, I do not know, but certain it is that the "Ben Deford"—the same boat in which I went to Washington in the 9th—took the regiment to Dawfuskie, on Monday, the 7th ult., landing us at Heig's point, at the upper end of this island, early in the afternoon. We bivouacked that night in the woods there, and on the following morning marched about six miles to near our present camping ground. The tents and baggage did not arrive until the afternoon of the 11th—the day of the surrender of Fort Pulaski—and we built little huts, and lived as well as we could in the woods in the mean time; the men suffering but very little during the whole time. During one morning, indeed, the flood-gates of heaven opened upon us, and as the huts served merely to turn the little torrents from their legitimate course to the ground on to the heads of the inmates, the men soon looked more like "drowned rats," as the common phrase says, than like a band of patriots, &c.; but it did not last all the time, and when the sun broke through the clouds again they dried their clothing, felt as merry as ever, and suffered nothing from their ducking. Upon the arrival of the tents on the 11th, about the time of the surrender of the Fort, which is within sight, the camp was immediately laid out, and once again the men felt as if they had a home.

Dawfuskie is but one of hundreds of islands which lie along this coast. It is a beautiful place, well covered with woods, and abounding in game. The men frequently go into the woods, with split peas for shot, and bring home rabbits in return—while they not infrequently show their regard for "the doctor" by dragging along a huge rattlesnake, or some other such representative of Secessia they have killed in the course of their rambles. Many of the other islands consist merely of deposits of mud, over which the high tides rise; and before the surrender of Pulaski it was by the occupancy of two such islands that all communication between the city and Fort had been cut off. You may readily judge of the sanitary value of the posts from this description of them. On the day of our arrival here, viz., on the 8th of April, and immediately upon our arrival, two companies (A and K) were detailed to do duty there; and, without tents or shelter for most of the time they were there, they were obliged, night and day, to live in mud and water—their only choice being between standing in water and lying in water. Two of our companies (D and I) are on these islands now, but they are comparatively comfortable. I visited them last Sunday, and they are well satisfied with the place. Embankments have been thrown up, trenches have been dug, the tents have been provided with flooring, raised a foot or more from the ground, or rather mud, and no high tides have yet visited them. Many from the first companies suffered much by their sojourn on these islands, but those there now have given me but little trouble. Diarrhœa and dysentery prevailed more than anything else, but a few instructions, and a few medicines left with Capt. Magner on one of the islands (they lie within long rifle shot of each other) have banished even these, and at the present time the men are all well.

Besides these, four more companies have been detached from the regiment for the purpose of doing picket duty at Heig's Point and Cooper river landing, at the other end of this island. Pickets are thrown out on to the marshy islands opposite these points, in view of the rebel pickets, and within hearing of the rebel drums. The high trees along the shore, too, are used as "lookouts" in which men are kept on the watch.

Dr. Snow is with this detachment, and he has but very little sickness to trouble him. Generally, compared with the regiments about us, we are remarkably healthy—and even without any comparison, we have reason to congratulate ourselves upon our good fortune. This morning's report, of which I send a copy, shows the sanitary state of the regiment pretty fairly.

When leaving Hilton Head, it was supposed that we were going into action immediately, and in consequence I sent to the General Hospital there the half dozen patients I then had in hospital. I have learned that since then one of them is dead, and as I did not consider that his state when sent to the hospital justified him in dying, I shall hereafter avoid as much as possible sending men to the post hospitals. The results do not always accord with our anticipations.

On the first of last month ended the quarter for which I was supplied with medicines, &c., and, in accordance with regulations, I sent in a return of what remained "on hand," as also a requisition for what might be needed during the next quarter. The original supply, however, was so plentiful that I needed but little in addition; and what with the extra donations due to the generosity of Mrs. Otis, the medical department now stands well supplied.

The weather is now, and has been throughout, very warm here. Broad-leafed hats have supplanted the military cap, and one feels much more comfortable minus a coat than in uniform. I suppose the good ladies of Boston and vicinity will soon begin to turn their attention to the manufacture of Havelocks for the soldiers, but they are really of little use. On the Potomac, last summer, they were found of some use in cleaning guns, indeed, but in most cases it is respect alone for the giver that prevents one from turning them to use in some such way—for they add to the weight of the cap without adding to one's comfort. If they could be made so as to be worn without the cap, they might become of some service.

Yours, with respect, P. A. O'Connell,
*Surgeon 28th Regiment Mass. Vols.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 5, 1862.

Anniversary of the Massachusetts Medical Society.—The Annual Meeting of our State Society was held on Wednesday last, and was an occasion of unusual scientific interest. The gathering of its members was not so large as usual, owing in part, doubtless, to the fact that there was no Society dinner this year, and partly, no doubt, to the rigid economy which some of our brethren are compelled to practise at the present time, making even the moderate expense of a trip to Boston an item to be set down to the score of an unnecessary luxury. Our professional brethren in the manufacturing towns feel the pinch of the war, as we have had opportunity of knowing, not a little. We do not regret, under the circumstances, that the usual dinner was omitted. The prevailing feeling of the time is not in unison with the cheerful and care-forgetting spirit which properly belongs to these occasions, and the noticeable absence of so many of our friends would have made it more sad than joyous. The number of members in attendance at the meeting, however, was large enough to furnish a respectable audience for the scientific communications of the day. We were unfortunately prevented from being present throughout the meeting, but we hear of a valuable paper by Dr. Shattuck on Typhoid Fever, a report on Kerosolene from the Middlesex East District Med. Society, presented by Dr. Chapin, a communication from Dr. Ruppaner, embodying his own experience and what he could gather of the experience of others from the medical publications within his reach, in the practice of hypodermic injections for neuralgia and other painful affections. Prof. Henry J. Bigelow made a valuable communication on Dislocations of the Hip-joint, presenting some original views on the subject, of a highly interesting character, which were demonstrated in the most satisfactory manner by means of anatomical specimens. We feel warranted in saying, that this paper, when published, will be found to be a very important contribution to practical surgery. Notwithstanding all that has been written and said on these injuries, we think Dr Bigelow demonstrated that there are anatomical facts connected with them which have not before been fully understood, bearing directly upon treatment, a knowledge of which gives an easy method of reduction in cases where, notwithstanding the employment of enormous and destructive force, the attempt has often failed. We will not attempt to anticipate the publication of his views, but are confident they will be received by the profession at large, as they were by the Society, by acclamation. A series of excellent resolutions was offered by Dr. John Jeffries, and adopted by the Society, expressive of its cordial sympathy with and respect for those of its members who had gone forth in the service of our country in the present solemn epoch of its history, and declaring its readiness to respond at any moment to the call of patriotism and humanity.

The Anniversary Address was delivered by Dr. Henry I. Bowditch, and was heard with marked attention by all present. The subject of his discourse was, "The Topographical Distribution of Consumption, or Locality as a Cause of Consumption in New England." On several occasions, within the last five years, Dr Bowditch has laid before the Society his incomplete views on this vitally important subject, and this year felt warranted in presenting, in answer to the invitation of the Society to deliver the Annual Address, his full and complete deductions from his prolonged and arduous investigation, summed up in what he fully believes is the most important law of cause of this dire malady in New England. *Prolonged exposure to a moist atmosphere by continued residence in damp localities*, is, in short, the main influence, in Dr. Bowditch's judgment, which makes consumption the scourge that it is here. This is no hasty view, based on preconceived opinion, but a most palpable result from the immense mass of statistical facts which he has collected with great labor from every town in our Commonwealth, and which were laid before his audience in a way to produce a most profound impression. Some of the evidence offered was of a most surprising character ; stamping upon certain portions of towns the deadly seal of the destroyer, and even attaching to particular houses an almost certain doom to the residents ; and in every instance in immediate connection with the influences which, in accordance with this theory, are the principal cause. We must confess that, listening as we did, with unabated interest, from the beginning to the end of his discourse, we could hardly resist the conviction that the conclusions presented were unanswerable. In so weighty a matter, however, we should be unwilling to give our final opinion until, with the address in print before us, we have the opportunity for a deliberate conviction, based on a calmer judgment than was possible to a listener under the magnetic influence of the orator's enthusiasm. We may safely say now, however, that the Society has never listened to an Annual Address more calculated to do itself and its author honor, than that of this year's anniversary. We look back upon the whole occasion with great satisfaction, as tending to raise the character of our annual anniversary and reflect credit upon the State Society.

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In the *Archives Générales de Medecine* for April, we find an interesting report of a communication to the French Academy of Medicine by M. Briquet, on Hospital Hygiene. M. Briquet discusses the value of the statistics on this subject, showing how little reliance can be placed on many of them, even when the statements have been made by men of high reputation, such is the influence of prejudice, of outside influence, preventing a fair report of facts, or such the incompetency of those by whom the alleged facts are given. One amusing paragraph we cannot forbear translating, as a little specimen of the way in which "others see us," or rather do *not* see us, and at the same time of the critic's accuracy. "As for American statistics," says the reporter, "M. Briquet believes them less than all the others. And, in this connection, a single example will prove how necessary it is to distrust all such evidence. M. Malgaigne has spoken of the Hospital of Massachusetts; *now there is not a town in America which bears that name!*" Oh wise and geographical Monsieur Briquet! Oh learned Academy, that "didn't see it"!

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The following are the names of the Surgeons from this State, mentioned in the JOURNAL last week as having been detailed by the Surgeon-General, and leaving Boston for active service in the Army of the Potomac. Drs. Joseph Sargent, Worcester; F. S. Ainsworth, Boston; William Mack, Salem; William F. Thorndike and Benjamin F. Campbell, East Boston; A. LeBaron Monroe, Medway; Joel Seaverns, Jamaica Plain; Ariel I. Cummings, Roxbury; William D. Lamb and Julius H. Morse, Lawrence; Benoni Carpenter, Taunton; Francis A. Howe, Newburyport; Benjamin F. Crocker, Bridgewater; Jonathan Brown, Tewksbury; H. H. Fuller, Marine Hospital, Chelsea; Joseph G. S. Hitchcock, Foxboro'; J. Q. McCollister, Groton Junction; Wm. K. Fletcher, Fitchburg; L. D. Seymour, Greenfield; Alfred A. Stocker, Cambridgeport; Asa Millet, Abington; Joseph Underwood, West Cambridge; F. C. Green, Northampton; A. D. Blanchard, Lawrence.

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ARMY MEDICAL APPOINTMENTS.—Dr. Henry W. Lincoln, of Hubbardston, has been appointed Assistant Surgeon of the 7th Regiment, vice Dr. Adams promoted to Surgeon and attached to 32d Regiment.

Dr. Wm. L. Faxon, of Quincy, has been appointed Assistant Surgeon of the 32d Regiment.

Dr. Charles A. Davis, of Chelsea, and Dr. S. C. Hartwell, of Southboro', have been detailed to the 2d Mass. Regiment, the Surgeon and Assistant Surgeon of that Regiment having been taken prisoners.

Brig. Surg. R. H. Gilbert has been appointed Medical Purveyor at Fortress Monroe, in place of Dr. Sheldon, who is to take charge of the Military Hospitals at Norfolk.

Dr. Calvin Ellis, of Boston, has left for Whitehouse, Va., having been detailed by the Governor for medical service in that State.

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THE Beach Street Museum building has recently been opened by the United States authorities in this city, and the medical charge is under the Surgeon-General of this State, for the temporary accommodation of the sick and wounded.—The beautiful grounds of the Massachusetts Hospital are now studded with hospital tents, and everything is ready for the reception of the sick. We are glad to add that in this city everything works systematically and harmoniously, and there is no clashing of interests.

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INGREDIENTS OF DUBLIN PORTER.—Dublin porter has been analyzed in an elaborate manner, and a statement of the results appears in the *Journal of the Royal Dublin Society*. One gallon was found to contain of fixed organic matter, 4689.70 parts; fixed inorganic matter, 297.64; alcohol, 6356.0; acetic acid, 252.0; sugar, 120.50; albumen, 552.0; extractive matter, 4017.30; silica, 20.30; phosphate of magnesia, 59.71; phosphate of lime, 11.06; phosphoric acid, 44.31; sulphate of potash, 42.0; potash, 83.16; chloride of sodium, 31.36; soda, 5.74.

Without expressing any opinion as to the medicinal virtues of the porter examined, the analysis draws attention to the fact that it contains a large quantity of heat-giving and flesh-forming matters, as well as the necessary inorganic constituents required in the formation of bone and flesh.—*London Paper.*

MEDICAL MISCELLANY.—The operation of excision of the knee-joint was recently performed with success at the *Hopital de la Sainte Famille*, in Montreal, by Dr. Hingston. This is said to be the first performance of the operation in Canada.—The Tenth Annual Meeting of the American Pharmaceutical Association will be held at Philadelphia in August next. The meeting last year was postponed. Several important questions connected with materia medica, practical pharmacy and chemistry, are expected to come before the meeting.—The Annual Meeting of the Ohio State Medical Society takes place this year at the *Ohio White Sulphur Springs*, on the 17th inst.—The Sixteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, postponed from June 11th, 1861, will be held at Providence, R. I., on the 10th inst.—The library of the late Dr. J. W. Francis, of New York, is to be sold at auction during this month, at 594 Broadway. The catalogue is said to be very extensive.—The North Eastern Dispensary has been lately organized in New York. It is situated at the corner of Lexington Avenue and 51st Street. In a part of the building several patriotic and benevolent women have opened a Home for returning sick and wounded soldiers. Beds to the number of 140 have been provided by Government, and 70 patients were last week accommodated.—Two wards in the Jews' Hospital, 28th St., New York, have also been taken by Government and provided with accommodations for invalid soldiers. The wards are very spacious, and the beds are far apart, each having a table and sick chair.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, MAY 31ST, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . | 46 | 49 | 95 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 39.3 | 36.6 | 75.9 |
| Average corrected to increased population, . . . . . . . . | .. | .. | 84.66 |
| Deaths of persons above 90, . . . . . . . . . . | .. | 1 | 1 |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 17 | 1 | 1 | 10 | 9 | 0 | 0 | 0 | 0 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College —For the week ending May 17th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . . | 30.063 | Highest point of Thermometer, . . . | 83.0 |
| Highest point of Barometer, . . . | 30.250 | Lowest point of Thermometer, . . | 38.0 |
| Lowest point of Barometer, . . . . | 29.594 | General direction of Wind, . . . | S.W. |
| Mean Temperature, . . . . | 61.0 | Am't of Rain (inches), . . . . | 0.00 |

COMMUNICATIONS RECEIVED.—The proceedings at the Annual Meeting of the Connecticut River Valley Medical Association, have been received, and will be inserted next week. A letter from Surgeon James Bryan, of the Burnside Expedition, was received too late for publication this week.

BOOKS RECEIVED —Hand-Book of Surgical Operations. By Stephen Smith, M.D., Surgeon to Bellevue Hospital. New York: Baillière Brothers, 440 Broadway.

MARRIED,—In Brooklyn, N. Y., May 29th, Lewis S. Paddock, M.D., of Norwich, Conn., to Miss Mary E. Addoms, of Brooklyn.

DIED,—In Freetown, May 23d, Seth P. Williams, M.D., 72.

DEATHS IN BOSTON for the week ending Saturday noon, May 31st, 95. Males. 46—Females, 49.—Accidents, 3—apoplexy, 1—congestion of the brain, 1—disease of the brain, 6—bronchitis, 4—cancer, 1—cholera infantum, 1—consumption, 17—convulsions. 2—croup, 1—dropsy, 1—dropsy of the brain, 4—epilepsy, 1—bilious fever, 1—scarlet fever, 10—infantile disease, 2—jaundice, 1—congestion of the lungs, 1—inflammation of the lungs, 9—marasmus, 5—measles, 6—old age, 2—premature birth, 6—puerperal disease, 1—disease of the spine, 1—suicide, 1—syphilis, 1—unknown, 3—whooping cough, 2

Under 5 years of age, 55—between 5 and 20 years, 12—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 75—Ireland, 15—other places, 5.

THE

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# ON THE IMPORTANCE OF A PROPER SELECTION OF SPECTACLES.

By Hasket Derby, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

It is my intention, in this paper, to draw attention to a condition of the eye requiring the use of glasses, that has not—to the best of my knowledge—been alluded to in any work on ophthalmology in the English language, till within the past few months; though, for several years, it has engrossed the attention of German writers in this department.

Short sight and old sight, myopia and presbyopia, have been the two grand heads to which, from time immemorial, all anomalies of the refractive powers of the eye have been referred. If a person could not see well at a distance, and was moreover obliged to bring all near objects close to the eye, in order to obtain a full view of them, such a one was regarded as myopic, and if concave glasses failed to relieve him or improve his vision, the convenient term of amblyopia would be called in to explain such an apparent deviation from the general rule. And the term presbyopia was understood to refer to an opposite class of cases, where, with advancing years, the object was obliged to be held at a greater distance from the eye to ensure distinctness of vision, and convex glasses must be used to remedy this inconvenience. Myopia was supposed to be caused by an increase of the power of refraction of the eye, or a lengthening of its antero-posterior axis; so that the images, instead of being formed *on* the retina, fell in front of it. And in presbyopia, owing to what was understood to be an opposite condition of things, the images could only be formed *behind* the retina.

The fact, now well understood, that myopia and presbyopia may co-exist in the same subject; that a person, moderately myopic and employing a concave glass for distant objects, may, as he advances in life, be forced to use a convex glass for the near, while he continues to use the same lens as before for other purposes, is of itself a sufficient refutation of the old theory.

Myopia is that state of the eye where *concave* glasses are required to view distant, and, in extreme cases, even near objects distinctly. Its true opposite is that condition of things where *convex* glasses are needed for a similar purpose. Strange as it may seem, the fact that a large number of people of all ages can see better in the distance with a convex glass than without it, seems to have escaped the observation of writers on the eye; and it is only within the last few years that attention has been drawn to it. Hyperpresbyopia was the name at first proposed to characterize this affection, but since it has been ascertained that it may, and frequently does, exist independently of presbyopia, the name of hypermetropia has been adopted, and is now in common use. It will be sufficient to briefly state, in this connection, that such cases have been most carefully analyzed, and comprehensive and minute rules laid down for adapting glasses to these patients. The object of this paper is to illustrate the extremely practical nature of this discovery by citing a few cases in my own practice, where a proper selection of glasses was productive of great benefit.

Where only a limited amount of hypermetropia exists, the patient frequently sees no better in the distance with a convex glass than without it. The mere fact, however, that he sees *as well*, proves that this difficulty exists, and that, under ordinary circumstances, he uses a portion of his adaptive power for looking at distant objects. In a normal eye, however, the adaptive power or accommodation would be at rest for remote objects, and observation shows that a person, thus habituated to use his accommodation for the distance, uses for the near a relatively greater amount of it than is proper, and fatigue soon results. Thus hypermetropia is a very frequent cause of so-called "impaired vision for the near," or asthenopia.

Case I.—Miss B., aged 23, consulted me March 1st. She complained that, after she had used her eyes any length of time for near objects, as in reading or writing, she felt a sense of pain or constriction across the forehead, the letters became blurred and ran together, and the eyes filled with tears. If she rested a little, she was able to commence again; but the same symptoms returned with increased violence in a shorter time. She had, in consequence, been obliged to give up in great measure the use of her eyes. I found she could see distant objects distinctly through as strong a glass as convex fifty inch focus; that she was therefore hypermetropic to this extent. I directed her to use this glass for reading and writing, and, with a little care, she was able in a short time to use her eyes the greater part of the day, without trouble.

Case II.—Mrs. K., aged 32, saw me Jan. 28th. She complained that, after she had read or written a little while, a sort of mist would arise before her eyes, and make everything appear confused and indistinct. This would disappear after she had rested a little, but would return on renewed exertion. She often experienced the same sensation after having looked intently at distant objects. She had consulted an oculist near her native place, who told her she had disease of the optic nerve and commencing cataract. It was found that she was hypermetropic, and that convex thirty-six inch focus was the neutralizing glass. On using this, all the troublesome symptoms disappeared at once, and I had a message from her the other day, to the effect that she had had no farther difficulty.

Case III.—Mr. ——, aged 51, a merchant of this city, consulted me Dec. 20th, of the past year. He had, for many years, been liable to severe headaches after any prolonged use of the eyes. He became quickly fatigued, when obliged to regard near objects intently, and complained that things soon grew blurred and indistinct. For the past ten years he had been unable to use his eyes in the evening, and of late he had grown so intolerant of artificial light as to be obliged to keep them constantly shaded when exposed to it. Any unusual exertion of his eyes brought on distressing headache. Some years ago, he consulted a well-known optician, who furnished him with a pair of weak convex glasses. These proved but of slight assistance to him. On examination, I found that his vision, even for distant objects, was very imperfect; but that convex thirty inch radius made everything clear and distinct. I found him, moreover, to be presbyopic, as was to be expected at his time of life. Combining his hypermetropia and presbyopia, according to the usual formula, I found that convex twelve inch radius was the proper glass for him to use for near objects, and that all his troubles undoubtedly arose from the fact that he had been overstraining his eyes with spectacles far too weak. Despite the earnest remonstrance of the optician, who represented to him that he would inevitably injure his sight, he purchased and used the glass I had calculated for him. The result has been that he now, after the lapse of six months, uses his eyes without trouble, both by day and in the evening, has discarded his shade, and is entirely relieved from the headaches.

So much for what may be called *relative* hypermetropia, where the amount of the original trouble is so slight that it is hardly felt, till the steady diminution of the adaptive power of the eye—always progressing from the earliest childhood—has reached a certain point. In *absolute* hypermetropia, however, the refractive power of the eye is so slight, the original fault of construction so manifest, that perfectly distinct vision is impossible in any distance.

Case IV.—Jane B., aged 14, saw me Jan. 12th. Her vision had always been very imperfect for distant as well as near objects. She was able neither to read nor sew without great effort, and but for a short time. She had, in consequence, almost wholly refrained from using her eyes up to the present time. An examination revealed her to be markedly hypermetropic, convex fourteen inch focus being the neutralizing glass. This glass, which she wears constantly, makes her eye, to all intents and purposes, normal; with it she reads

No. 20 of the sight test at a distance of 20′, and reads or works a large portion of the day without inconvenience.

Case V.—Mrs. C., aged 44, has never seen distinctly in any distance without spectacles. Has worn weak convex glasses for reading, but has never been able to use her eyes for any length of time without great pain. I found her to be hypermetropic to an unusual extent, convex eight inch radius being the glass required. With this glass both near and distant objects are perfectly distinct.

Case VI.—Mrs. B., aged 60, has worn a glass for reading, selected for her by an optician in this city, for a number of years. Symptoms of excessive fatigue, however, accompany any long-continued effort to keep up accommodation for the near. Distant objects she has seen indistinctly since her childhood, but has always attributed this to some defect of the eyes, not to be remedied. On examination, I found that, with the naked eye, no single letter of the sight test (the largest letters of which are two inches square) could be made out at the usual distance. With a convex glass of ten inches focal distance she distinguished letters six lines square, at a distance of twenty feet. Being presbyopic, as well as hypermetropic, I calculated her a relatively stronger glass for reading purposes.

The last case I have to offer is instructive as showing that hypermetropia, like myopia, may be hereditary.

Case VII.—Mrs. N., aged 34, came to consult me Jan. 31st. She complained of imperfect vision, said she could only see to thread her needle by holding it close to her eye, and that she could not distinguish her husband's features across the table. Supposing herself to be near-sighted, she had purchased and used a pair of concave glasses. These had been productive of no benefit, and for years she had been obliged to give up reading and writing.

Placed twenty feet from the sight test, she could not even see the placard (28 by 21 inches). With convex eight inch radius, however (nearly a cataract glass), she could read nearly the finest lines at the usual distance, and made out Jäger's test No. 1 (diamond type) with perfect ease. One might almost suppose in such a case that the crystalline lens was wanting; but the ophthalmoscope revealed both of her eyes to be normal in this respect. She mentioned to me that her father, who died young, had worn spectacles from an early age. On a subsequent occasion she brought me his glasses, which had been preserved in the family, and I found them to be convex eight inch radius, the same that she required. She has worn glasses of this strength ever since; is enabled to see in all distances with perfect ease, and reads and writes as much as she wishes.

These are not exceptional cases, but occur continually at every age and in every condition of life; and they illustrate as well the necessity of a proper selection of glasses, as the danger of leaving a matter of such prime importance in the hands of those without the pale of the profession. The responsibility of designating the strength of the glasses to be worn should no longer be borne by the optician; and I trust the day is coming here, as it already has in Europe, when such a matter will be left, where it of right belongs, in the hands of the physician.

[NOTE.—Those who are interested in this subject will find the modern views concerning myopia, hypermetropia and presbyopia, and the rules for the adaptation of glasses in each of these conditions, in a work just published in London, entitled "On Long, Short and Weak Sight; and their Treatment by the Scientific Use of Spectacles," by J. Soelberg Wells. In 1858, Prof. Donders, of the University of Utrecht, drew attention to this important subject, and pointed out the erroneous character of the majority of the views previously entertained. (*Archiv für Ophthalmologie*, vol. iv., part i., page 301.) It is mainly on his doctrines that the English work just referred to is based, and to him justly belongs the credit of rescuing from obscurity a subject so important in its nature, practical in its application, and but too apt, in the absence of proper knowledge, to fall into the hands of charlatans.]

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## CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement, by J. MASON WARREN, M.D.—Continued from page 367.]

CASE III.—*Gun-shot Wound, cutting off the Vertebral Artery.*—Cornelius Mahoney, 11 years of age, was brought into the Hospital on the 27th of May, 1861, having received the charge of a pistol, loaded with stones, accidentally discharged by a companion. One of the stones grazed his forehead, a second struck him on the cheek, and the third penetrated the neck about half an inch below the mastoid process. He received the charge while in a stooping posture, and was taken up bleeding profusely. When brought into the Hospital the bleeding was nearly checked; water dressings were applied, and the patient kept very quiet. I saw him on the following morning, and as there was a disposition to hæmorrhage, the patient was etherized, with the object of removing the foreign body, if there was one, and checking the bleeding. A finger passed into the wound penetrated deep into the neck, and finally encountered what at first appeared to be a mass of gravel; a portion, however, being removed with the forceps, showed it to be bone, and what afterwards proved to be the transverse process of the second or third cervical vertebra. The hæmorrhage now returned violently, and but little doubt existed that the vertebral artery had been cut off. A systematic plugging with small bits of sponge was made, and the bleeding checked. On questioning the father of the boy, it was ascertained that while they were engaged in arresting the bleeding at his house, with a handkerchief, a small pebble was discharged into it, driven out by the great force with which the blood gushed forth.

29th.—He had passed a pretty good night, and was free from pain, except in his left shoulder. Pulse reduced from 140 to 120. Towards evening, he became somewhat delirious. He went on pretty much in this way for eight days, pulse ranging from 120 to 140, feverish, and at times out of his head. On the 4th of June, his symptoms were somewhat better. The bandages had been cut off, and the sponges removed from the wound, on the 2d. On the afternoon of the 4th, a sudden hæmorrhage took place from the wound, amounting to eight ounces, and producing great depression; assistance being obtained, it was checked at once by plugging with sponges.

On the 6th, at two o'clock in the morning, a third bleeding occurred, which was promptly stopped, about two ounces of blood only being lost. Some of the old sponges were removed, and replaced by fresh ones, dipped in the solution of the perchloride of iron. From this time he lost no more blood, and the wound suppurated well, the sponges being all removed on the 10th. From the attendant inflammatory action, his head was drawn down to that side, but gradually righted after the wound had fully healed. Before he left the Hospital, which was on the 22d, a bit of bone was discharged, which, on examination, appeared to be the end of the transverse process of one of the cervical vertebræ.

He was seen a month afterwards, in perfect health.

CASE IV.—*Removal of the Lower Jaw for a Cystic Tumor; Subsequent Ligature of the Carotid Artery.*—Mrs. W., a widow, 49 years old, had had the wisdom tooth of the right side of the lower jaw extracted about twelve years ago; the socket remained quite sore for some time after the removal of the tooth. Six years ago the angle of the jaw began to enlarge, and the bone gradually expanded so as to form a tumor, the size of a hen's egg, which now encroached upon the cavity of the mouth, and displaced the tongue and other organs. The tumor was slightly elastic to the touch, and had very recently become a little tender on pressure; with this exception, there was no pain, and no inconvenience in mastication. The disease involved the angle and ascending ramus of the jaw, and extended forwards as far as the second bicuspid tooth.

*Operation, March* 30, 1861.—An incision, commencing over the masseter muscle, about an inch below the zygomatic arch, was carried around the angle of the jaw as far as the angle of the mouth, exposing the facial artery, which was secured by two ligatures and divided between them. The flap thus marked out was dissected from the tumor, which was found to involve the whole substance of the jaw. The lower extremity of the original incision was then carried upwards to the angle of the mouth, and the whole flap dissected from the jaw, which was divided through the socket of the second bicuspid tooth. The bone was then seized with strong forceps in order to raise it from its adhesions to the surrounding parts, but on the application of a very slight degree of force it gave way, and disclosed the fact that the whole angle and ascending ramus of the jaw had become reduced to a sac or cyst containing a thick yellow fluid. Both the coronoid process and the condyle were completely excavated by the morbid growth, and the osseous tissue about the angle of the jaw had almost entirely disappeared. The operation was finished, for the most part, by the fingers, and the lingual nerve, which lay close upon the inner surface of the tumor, was dissected out and saved. Several vessels were tied, and the edges of the wound were brought together by sutures, three of which were placed in the mucous membrane of the mouth.

No severe constitutional disturbance followed the operation, and on the third day the wound was found nearly united. Two days later the face swelled, and the wound began to discharge pus. In the course of another fortnight, the wound had healed, with the exception of a small opening at its lower angle. On the 17th of April, a slight hæmorrhage, of perhaps two ounces, took place from this opening, and on the night of the 27th, when the patient had so far recovered from the operation as to think of going home, profuse bleeding occurred, which was with difficulty controlled by a sponge and compresses. In the course of the next day, all that side of the face became œdematous. On the 29th, it became evident that the hæmorrhage could not be controlled, by even the most careful plugging of the wound, and the ligature of the carotid artery seemed to offer the only chance of saving life. The patient was therefore etherized, and the sponges removed from the wound. The finger passed readily from the external aperture, corresponding in position to the angle of the excised jaw, as far as the glenoid cavity of the temporal bone, which felt rough and carious. Pressure upon the carotid artery of the affected side diminished the bleeding, but did not entirely check it, and no greater effect followed the compression of both carotids. The artery was tied at the middle of the neck, after a somewhat tedious dissection, owing to the œdematous state of the tissues. A slight oozing of blood continued, but it was easily arrested by forcing a piece of sponge deep into the wound in the direction of the bleeding vessels. On removing the patient to her bed, it was noticed that the side of the body opposite to that upon which the artery had been tied, had become completely paralyzed. The paralysis gradually diminished as the strength of the patient improved, and on the 14th of May the ligature of the carotid came away. The sponges had been previously removed from the wound, which healed rapidly. An abscess, which formed behind the ear, did not delay the cure, and on the 24th of May the patient was discharged cured, but still somewhat feeble.

It should have been remarked, that prior to commencing the operation on the jaw, it had been decided to uncover the tumor, and if the cyst was found but partially to occupy the bone, to remove a portion of it without removing the whole bone. It was evident, however, as soon as the tumor was exposed, that all the bony tissue had disappeared, and its place had become occupied by a thin and almost transparent cyst, of the consistency of parchment, the coronoid and condyloid processes making a part of it. The removal of the whole bone was therefore performed.

The effects of the ligature of the carotid were quite remarkable. The current of blood was sufficiently checked to allow of effectual plugging, which before would not stem the current of blood. The effect on the brain was certainly very singular. A hemiplegic affection, three or four days after the ligature of the carotid, is not uncommon, arising, probably, from an inflammatory action taking place in the substance of the brain. In the present instance the paralysis was immediate, and must have arisen from the sudden diminution of the supply of blood to the brain, following upon the great drain to which the system had been subjected a few days before.

The patient has been heard from lately, having perfectly recovered her health.

## MEDICAL CASES.

REPORTED BY DR. J. HARRISON CUTLER, MASON VILLAGE, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

### DEATH BY WORMS.

CASE.—Jonathan I. H. L. R., aged 17 years, was found dead in his bed on the morning of March 21st, after a severe debauch.

On being summoned by the coroner, I proceeded, with my friend Dr. Marshall, to the house of the father of the deceased, where the room in which the subject lay was found in great disorder, rather indicative of foul play, as this was the place of the above-named debauch. The body was lying on a broken-down or crippled bed, in a position as if assumed in life. A common round worm (lumbricus) was found lying beneath his breast, on the bed. On turning the body over, the face was found to be livid and purple, eyes closed, and bloody matter oozing from the mouth and nose. On removing the clothes, we noticed marks of a superficial wound a little in front of the right axilla, about two inches in length, extending towards the breast, nearly healed. No other marks of external violence were noticed. Body spare, but not emaciated. A second round worm was found passing from the anus.

*Post-mortem* examination, made March 27th. Drs. Lord, Marshall, Boynton and Cutler present. No marks of external violence or other unusual appearances were noticed upon the body. Face, neck, and breast, dark red; abdomen greenish; limbs and other parts nearly natural in color. On opening the chest and abdomen, their contents, generally, appeared natural and healthy. The lungs, however, were found greatly engorged with blood, and dark throughout. On severing the windpipe, a large worm (lumbricus), eleven inches in length, was found occupying the larynx and trachea, the probable immediate cause of death. The stomach was nearly empty, and its mucous or inner surface showed decided marks of congestion and inflammation—in short, the usual appearances of an inebriate stomach. The brain was not examined, as the man's previous health had been quite good.

A verdict was given that the subject came to his death probably by a worm passing from the stomach upwards to the mouth, while he was in a state of deep intoxication, thence downwards into the larynx and trachea, obstructing the air passages into the lungs, and consequently causing suffocation and death.

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## DEATH BY EATING PHOSPHORUS FROM FRICTION MATCHES.

CASE.—Addie N., aged 2 years, on being allowed to accompany her mother during an afternoon call, entered a sleeping apartment, and finding a quantity of matches on the stand, ate the phosphorus from 92 of them. No effect was noticed, until, on returning at night, the mother noticed the smell of phosphorus, and nothing further until three o'clock the next morning, when nausea and vomiting commenced, and marked indications of phosphorus were noticed by the phosphorescent light in the mouth and throat during vomiting.

I was called at six o'clock in the evening, and found the patient rather stupid, skin hot and dry, pulse full and quite frequent, tongue indicating irritation at the stomach, urine scanty, high colored and odorous. As antidotes, I gave albumen, mucilage and magnesia, followed by a dose of castor oil to act on the bowels; sp. eth. nitros. and tincture of aconite, to reduce the febrile symptoms and stimulate the kidneys as much as possible.

I saw the patient next morning, and found the symptoms more aggravated, and much stronger indications of inflammation of the stomach. Continued the same treatment, with the addition of a solution of chlorate of potash. Saw her again at six in the evening; symptoms worse, with pupils very much dilated, some nausea and slight indications of spasms, but generally inclined to sleep. Continued nearly the same treatment. Patient slept most of the time until four o'clock the next morning, when she was attacked with spasms. I was called at five o'clock, and found her in spasms and great distress, with pupils fully dilated, and considerable retching. Gave warm baths and anodyne injections, applied sinapisms to the stomach and spine, with small doses of ether, repeated quite often. Some relief. At eight o'clock, saw the patient, in company with Drs. Jones of New Ipswich, and Boynton of Townsend, Mass. Found the symptoms still more severe, with vomiting of quantities of a dark brown liquid, having the appearance, upon analysis, of being gastric juice and blood. No hopes of permanent benefit were entertained, but the same treatment was pursued until the patient died, at ten o'clock. The number of matches eaten was not known until after death.

*Post-mortem Examination.*—External surface natural. On opening the chest and abdomen, a very strong odor of phosphorus was noticed. The stomach contained about four ounces of the before named liquid. The mucous coat was found to be very much inflamed and softened, the inflammation being much more intense at each orifice. The duodenum, jejunum and ileum were very much inflamed, inflammation extending throughout the entire structure. The kidneys and bladder were much congested; spleen slightly engorged; pancreas smaller than natural, and slightly shrivelled; liver (a point of some interest) perfectly bloodless and nearly white, having the appearance and consistence of boiled liver. I can find no authority upon this particular point. Lungs and heart quite natural. Brain not examined.

*Mason Village, N. H., May 29th,* 1862.

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# Army Medical Intelligence.

Newbern, N. C., May 26th, 1862.

*To the Editors of the Boston Medical and Surgical Journal.*

The diminution of the sick list of my hospitals (of which I have four), together with the occurrence of a persistent rainy day, are my apologies for troubling you with the following

## Observations on the Diseases of the Army in the Department of North Carolina.

I have spoken, in a former communication, of some of the peculiarities of army life and its diseases, as they occurred to me in Camps Stoneman and Griffin, in Washington and in Virginia. My labors in that field were abruptly closed near the end of December last, by a pretty severe attack of typhoid pneumonia, which confined me to a sick room in Philadelphia during the month of January following.

Assigned as Brigade Surgeon to the Department of North Carolina, my observations, since the latter part of February last, have been directed to the army as commanded by General Burnside, and embrace the period of nearly three months, including, in this time, three successful battles : to wit, those of Roanoke, Newbern and Fort Macon.

On the Potomac, I was limited to the subject of land force, and particularly to that of cavalry, being confined, in fact, almost entirely to one regiment. The army here unites the naval and land forces together. Indeed, it is a peculiar organization, well adapted to attacks on fortifications near the seashore. At first there were no cavalry in the force, and Roanoke was captured without them ; so was Newbern. Since that time, Captain Belger's Battery has been acting as cavalry for picket duty, and additional regiments have been added to the Department. This corps d'armée embraces, therefore, at present, nearly all the forms and weapons of modern warfare—infantry, cavalry, artillery, gunboats with their mortars, &c., all complete. It will be remembered, also, that my observations on the Potomac were made in the months of September, October, November and December;

and that the spring months, March, April and May, have been the seasons of our campaign in North Carolina.

The district of country in Fairfax County, around Fort Griffin, is rolling or undulating, and, as we approach the Potomac, somewhat hilly. The land is old, and some of it in a high state of cultivation. On the other hand, the surface of the ground here at Hatteras, Roanoke Island and Newbern, and along the Southern coast generally, is flat, sandy and swampy, and well calculated to produce bilious, remittent and intermittent fevers. If, as some say,

"An ague in the spring
Is medicine for a king,"

It is my opinion that kings might get plenty of such medicine by visiting this region. An intelligent lady in Philadelphia informed me, on my inquiry (she whispered it in my ear), that the climate about here was a "d—l of a climate." General Burnside and his command found this to be the fact during the months of December and January, and I can bear testimony to its very blustering character at Cape Hatteras and Roanoke during March and April.

So much for the climate. Vegetation here is, of course, luxuriant. Forest trees are chiefly of the turpentine pine; while cotton, corn, tobacco, potatoes, wheat, rye, oats, figs, grapes, peaches, apples, pears, apricots and plums, grow in abundance.

Diseases.—The fevers which I have observed, in camp and among the inhabitants, appear to be of four kinds.

First, *Typhoid Fever*.—This pervades the shipping, both the gunboats and transports; and when not fatal, often leaves the system in great prostration, condemned to a long convalescence, which is often in danger of a relapse. The petechiæ over the abdomen and elsewhere, thought by some to be characteristic of the disease, have not been as frequently observed as I expected. The diarrhœa symptom is not universal. Congestion of the lungs is very common, and sudden deaths from enteric hæmorrhages, during apparent convalescence, have frequently surprised and astonished the attendant surgeons. The typhoid tendency, as it is denominated, masking other diseases "with the pale cast" of its insidious poison, is a very general condition, and many poor fellows, who clung to the shrouds at Hatteras, and were buffeted so long by its merciless storms, who afterwards braved the fight at Roanoke, and rose from the bed of languor to contest the hard-won battle at Newbern, have since been in a more or less typhoidal condition. Some of them, on being wounded, were unable to bear the wear and tear of a long convalescence, and are deposited at Roanoke, while others have died at Newbern, and still others have been enabled to recruit by returning for a few weeks to the pure air of their homes, and the cheerful comforts of their own firesides.

Second. *Typhus Fever*.—This form of disease has been not unfrequent, and some cases, both on Roanoke and at Newbern, have exhibited a malignancy truly appalling. The cases in which I have remarked this more particularly, have been stout, fleshy young men, who have sunk into a state of absolute decomposition in a few hours. I remember one case, which was brought into one of my hospitals at Roanoke, where the cellular tissue, at the base of the neck, was filled with air and serum, and the skin of the feet and legs up to the knees was purple; the boy was pulseless, stertorous and insensible when he first came into the hospital. I have seen a few cases of the same kind in Newbern.

Third. *Bilious Remittent.*—This I believe to be at present the prevailing type of our diseases. Jaundice during life, with other symptoms of the disorder, and a diseased liver found on a *post mortem*, are some of the proofs which may be adduced. Indeed, Dr. Tull, of this city, who has practised here for more than twenty years, informs me that that is the prevailing type of the diseases of the district. Frequent symptoms of biliousness, which the officers and men exhibit, together with the marked beneficial effects of calomel, also indicate this tendency.

Fourth. We have pure cases of *Intermittent Fever,* which are usually controlled by the common anti-periodic remedies.

I have thus indicated the four different forms of fever which appear to be prevalent among our troops at the present time. The mortality from these fevers has not as yet been accurately calculated, but I am under the impression that it is not large. The liberality of the General in allowing his men to return home for a short time when sick or wounded, has a beneficial effect upon those who remain; while the well-ventilated and cleanly hospitals, good nursing and abundant supply of the sick man's comforts, save many lives which would otherwise be lost.

I have spoken thus far chiefly of fevers as the diseases of the camps. We have also a good many cases of rheumatism, and a few cases of diarrhœa and dysentery, which may be denominated "camp diseases." The apparent breaking down of the constitutions of young men from the New England States, especially where there was a tendency to pulmonary disease, is a phenomenon which has surprised and grieved me. Many of these young men are from rural districts, farmers' sons, and suffer doubtless, privately, from nostalgia. The undeveloped condition of the system, with some private vices, may be adduced as additional causes of this breaking down.

TREATMENT OF FEVERS.—There has been no one treatment adopted generally for typhus and typhoid fevers in this division. The expectant and stimulant have been the most common. The surgeons have relied chiefly upon what the ancients call the *naturales;* the use of whiskey punch, carbonate of ammonia, or turpentine—very little, however, of the two latter articles. Eberle's strong recommendations of the carbonate of ammonia seem to have been forgotten, and "Wood on turpentine" has been left to the mercy of caricaturing students in the halls of the "oldest medical institution" in the United States. The profession in the army, here, seem to be entirely at sea, no two of them appearing to agree on any plan of treatment. They appear to be like the Parisian philosophers, who anxiously inquired of Franklin what religion he professed, and found, much to their satisfaction, that he professed none. I have felt much dissatisfaction with this condition of practice, and have requested one of my colleagues to try, in some cases of pulmonary and cerebral congestion, *feelingly,* the now exploded lancet. His reports, thus far, have been favorable. In some cases of stupor and cerebral congestion, I have suggested the resort to one or two large doses of calomel, followed by Dover's powders and whiskey punch. These cases have done well also; and lastly, at my request, the calomel and quinine practice, ten and ten, has been resorted to where bilious remittent symptoms predominated at the beginning. This treatment seems still to hold its own in this district among the resident practitioners.

I remember well when Dr. Parry, from the valley of the Mississippi, many years ago, then a student in the Jefferson Medical College, threw a bomb shell into the profession in Philadelphia, by reading his thesis before the Medical Society, and quietly asking "what shall I do with the pulseless, moribund cases of congestive fever of the Mississippi?" Professor Meigs, in his usual enthusiastic and fanciful style, recommended "the lancet—the lancet—the lancet"! It, he said, would relieve the overloaded internal organs; it would take the weight from off the nervous centres; it would allow the *endangium* to produce healthy blood. In a word, if the patient died, like that of the pupil of Dr. Sangrado, it would be for want of bleeding! Dr. Wood was astonished and dismayed at the doctrine, and, assisted by the brilliant but eccentric Jackson, both of the University, castigated the professor of the Jefferson Medical College most unmercifully. Professor Wood did not approve of bleeding at all, except in rare cases, and "would treat the case according to circumstances." Professor Jackson gave a brilliant dissertation, which lasted part of two sessions of the Society, on the then newly-published cell theory of Schwan and Schleiden, while Dr. Parry stated the western practice to be, in some cases, large doses of calomel, in others large doses of quinine, while others combined the quinine and calomel practice in one. Professor J. K. Mitchell took hold of this practice at once, enforcing it with his usual eloquence and point, and illustrating it in public and private practice during the rest of his life.

According to my observation, the same diseases exist on the southern coast of North Carolina, as those mentioned by Dr. Parry. Now what shall be our treatment? Will the profession of New England tell us what we shall do? Shall we use turpentine with Wood, calomel and quinine with Mitchell, or the lancet with Meigs and Rush? The hardships of the winter campaign at Hatteras, Roanoke and Newbern, have battered many of our men to a condition at least as low as that of the natives and negroes. Shall we fear this real or apparent prostration, and shun the lancet—the almost universal practice over our country for some time past? Shall we forget Hamilton's eulogies of cathartics? Shall we attempt to destroy the malarious poison in the blood by immense doses of quinine? Shall we stimulate with carbonate of ammonia, or piddle along with the turpentine emulsion? or shall we, in the language of one of our surgeons, "sock into our patients large doses of whiskey punch?" Or what shall we do?

In surgical practice, we are taught "*anceps remedium melius quam nullum.*" Is the lancet that doubtful remedy? Or is it right to see our patients die from the very beginning of the disease, without attempting to do something for their relief? Respectfully your ob't serv't,

James Bryan,
*Brigade Surgeon, Burnside's Expedition.*

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We are kindly permitted, by the Surgeon-General, to print the following from the report of Dr. Sargent, recently returned from Virginia.

*To the Surgeon-General.* Worcester, June 6, 1862.

Sir,—I reached home this morning, after arduous service in the care of seven hundred and fifty wounded men from White House to Yorktown and Annapolis; and I lose no time in reporting to you.

I wrote you last from White House, giving you the names and regiments of the Massachusetts men sick there. On Wednesday, the 28th May, we made a second tour of the Field Hospital at White House (Dr. Mack, Dr. Thorndike and myself), and found all our surgeons hard at work, and were glad to see the results of their work; for the thirteen or fourteen hundred sick there (the number is constantly varying by arrivals and departures) were left to their care alone, the Brigade Surgeon (Dr. Baxter) and his assistant being occupied exclusively in general business. The tents were now mostly floored, and the comfort and condition of the patients much improved. And yet the number of medical attendants was not sufficient for any record whatever to be kept of diseases or of treatment—the name, and the arrival and departure, alone appearing on the register.

On Thursday, May 29th, having previously made arrangements with Dr. Tripler that we should be telegraphed for, in case of need, we took the boat to Yorktown, where, as my former report stated, eleven of our surgeons had been ordered to report. Dr. Wheaton, of Providence, R. I., is Medical Director here, and is a man of a great deal of experience and efficiency in the army, having served as assistant surgeon in the war of 1812–15, and as surgeon throughout the Mexican war, besides having served in this war from the beginning. He treated us with a great deal of politeness, professional and social. There were about sixteen hundred sick at Yorktown, many in houses, though many also in barrack hospitals and some in tents. The great majority here were sick with typhoid fever; and the aggregate aspect of so many sick with one disease is picturesque in a most extraordinary manner. Of all this number, there were only ten or twelve patients from Massachusetts. We were at Yorktown from Thursday noon to Saturday afternoon, when we took the boat for Fortress Monroe, arriving at evening.

On Sunday morning, June 1st, immediately after breakfast, Dr. Cuyler brought me a despatch, sent from White House through Dr. Wheaton at Yorktown, "directing Drs. Sargent, Mack and Thorndike to proceed to the White House immediately." So we took the boat which was just ready to start, and returned to White House, arriving at about 5½, P.M. Reporting at once to Dr. Tripler's quarters, we were met by Dr. Smith, Surgeon-General of Pennsylvania, who told me that the despatch had issued from him, and that he wished us all to go on board the Commodore immediately, and help take care of some wounded men from the battle then just closed near Richmond. We went in at once, and were soon swung out into the stream, where we lay until morning, rendering every assistance in our power. In the morning, Dr. Van Tagen, the surgeon in charge, showed me a despatch he had just received, ordering him to leave one hundred and fifty of the wounded men at Yorktown, and take the rest to Annapolis. Stopping at Yorktown again on our way, we found that Dr. Wheaton had received large accessions to his number of patients, so that he had been obliged to pitch one hundred and fifty hospital tents. Of the patients whom we left there, thirty-nine were North Carolina troops, prisoners.

We arrived at Annapolis Tuesday morning, the 3d, and were occupied most of the day in discharging our patients. Tuesday evening we went to Baltimore. On Wednesday we went to New York, where we parted yesterday, Dr. Mack remaining for a day in New York, Dr. Thorndike going home by the Fall River route, and I by the Norwich.

Such is a current history of our mission and service. Few men ever worked harder than we did between White House and Annapolis. The patients were mostly of Pennsylvania and New York regiments.

I think it may not be without interest to you that I add something in the way of a review. * * * * * * *

1st. Of the large number of sick and disabled on the Peninsula, the cases of fever, dysentery, rheumatism, and scurvy, are incidental to the necessary exposures of the siege before Yorktown. But the number of cases of disability which existed before that siege, and many of which should have been foreseen and prevented at the time of enlistment, is extraordinary. Persons are enlisted who are over age and who are under age; feeble old men of sixty, and feeble boys of sixteen. At White House I found two old Germans from Boston, each between fifty and sixty years of age, laid up together (possibly for company), and one of them with asthma. This man had not been able to march with his regiment for weeks, and had been waiting for his discharge papers since April 9th. He was inspected and passed by a Boston physician. The cases, I understand, are not very rare in which persons with some disability pass inspection in one city, get pay and secure bounty, are put on the sick list, procure their discharge, and then go to another city to go through with the same process over again. Fathers and sons enlist together, and are laid up together as a matter of business. Dr. Tripler told me that epileptics were enlisted, and that even he found one man deaf and dumb—though, he said, he believed he was only enlisted to cook. Yet here, even, there was obvious inconvenience. Now when we consider that every soldier costs the United States not less than five hundred dollars a year, it is clear that it would be worth while to exercise more care in the enlistment, paying competent inspectors price enough to support them in rejecting men, instead of leaving this important work to the gratuitous service of chance physicians.

Also, we have now got to where our medical staff is not sufficiently numerous, under the accumulation of sick and wounded. I am afraid, also, that it is not always competent; though of this I have no absolute personal knowledge. Two assistant surgeons to a regiment would now be much better than one. "Contract surgeons" have rather an indefinite position, and are not likely to remain long enough to acquire such experience as to make them useful in the service. Volunteer surgeons—and in this category I place myself and my immediate colleagues—must present themselves with great discretion not to produce dissatisfaction. They are looked upon rather as an anomaly and an inconvenience; and may possibly be suspected of presumption and self-sufficiency. I saw nothing whatever of this in the treatment of us; and we were careful to appear constantly as ambassadors, and, in some manner, an escort to the medical gentlemen whom we introduced; while we also offered our services in any manner whatever. * * * * * If I had known that the Massachusetts 22d was then without surgeon or assistant, I should have offered myself at once.

In regard to hospitals—those at White House are very bad and very crowded. Those at Yorktown are much better—and Yorktown itself is high, and I presume healthy. Those at Annapolis are the best I ever saw—the fine buildings of the Naval School, chapel and all, being appropriated. Yours truly, JOSEPH SARGENT.

## Reports of Medical Societies.

THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.—*Messrs. Editors*,—This Association held its third annual meeting at Bellows Falls, Vt., May 7th, 1862. The President being absent, Dr. Lyman Brooks, of Acworth, N. H., was elected President *pro. tem.*

Drs. Crowley, of Mount Holly, and N. Grout Brooks, of Acworth, were elected members of the Association, and the following gentlemen were chosen officers for the year ensuing:—*President*, W. H. Thayer, Keene, N. H.; *Vice President*, H. H. Palmer, Ludlow, Vt.; *Recording Secretary*, H. D. Holton, Putney, Vt.; *Corresponding Secretary*, S. G. Jarvis, Claremont, N. H.; *Treasurer*, Sam'l Nichols, Bellows Falls.

The President called upon the members successively to state what diseases had prevailed in their several localities since the last meeting.

Dr. Simons, of Saxton's River, reported an epidemic of measles, of mild type.

Dr. Sawyer, of Springfield, Vt., mentioned the following cases:—1st, A woman, seven months advanced in utero-gestation, was attacked with measles. The eruption was very slight. There was present, from the first, considerable congestion of the lungs, with aphonia. She passed on to her full time and was delivered of a dead child. She did not recover from the aphonia, and was left in an anæmic and anasarcous condition. He wished to inquire as to the influence of measles upon pregnant women. 2d, A man was seized, as he supposed, with severe pain in one of the molar teeth. He applied to a dentist, who extracted it. The pain increased, with swelling of both face and tongue. Suppuration followed, and exfoliation resulted. He was in doubt as to the pathology of the case. Was it one of simple periosteal inflammation? If so, would it not be best to cut down as in other cases?

Dr. Crane, of Springfield, had seen many cases of exfoliation of the alveolar processes.

Dr. Crowley, of Mount Holly, reported the case of a man who was ill three or four weeks with severe pain in the side of the head. At the end of this time, a swelling appeared near the mastoid process of the temporal bone, the whole side of the face and neck being also slightly swollen. He made an incision, of about an inch in depth, without reaching any pus. A deeper incision, however, gave vent to a large quantity of thin, sanious pus. Subsequently it was found necessary to make an opening three or four inches below. Dr. Scott, of Plymouth, also saw the case, and confirmed the statement of Dr. Crowley; but could not understand why there was not more swelling, with so large a quantity of pus. In answer to a question from Dr. Holton, Dr. Crowley stated that there was considerable pressure from below upward. Dr. Holton then remarked that it was probably one of those cases, in which inflammation occurring in the deep structures, pus had burrowed beneath the deep cervical fascia. This is a strong areolo-fibrous membrane, the superficial layer of which passes in front of the clavicle, and is lost upon the pectoralis major muscle. If the deep layer be traced downward, it will be found to pass behind the clavicle, extending from the cartilage of the first rib to the coracoid process, forming the fascia costo-clavicularis. Owing to this disposition of it, we sometimes find pus burrowing here and discharging upon the chest.

Dr. Porter, of Paper-Mill Village, N. H., reported a case of severe puerperal convulsions, in which venesection and opium were used without controlling them. He then resorted to the use of ether, and subsequently to ether and chloroform combined. The effect of this anæsthetic was continued for twenty hours. The labor progressed favorably. There were no convulsions after delivery, but he thought there was still some cerebral disturbance. Dr. Graves, who saw this patient with Dr. Porter, remarked that chloroform combined with ether had a much better effect than ether alone, and that where the effect was most powerful the contractions of the uterus were most forcible.

Dr. Sawyer had seen several cases which were preceded by cephalalgia, in which he had recourse to copious bleeding, which resulted favorably. Dr. Crane considered the pathology to be pressure on the motor nerves, and though this might be removed by venesection and cupping. Dr. Crowley had seen five cases, all of which had occurred after delivery. He had relied on phlebotomy and cathartics, with cold applications to the head. Dr. Gregg, of Newport, remarked that in an extensive practice of over fifty years, he had seen a good many cases both before and subsequently to delivery. He thought that in all cases where the contents of the uterus had not been removed, the first thing to be done would be to remove it. He then gave the history of several cases which illustrated this. Chloroform and ether he had never used; but for the benefit of the younger members of the profession, he would say that he had bled a patient to the extent of thirteen pounds in a day with great benefit.

On motion of Dr. Weeks, adjourned for dinner, until 2, P. M.

The meeting was called to order at 2, P. M., and on motion of Dr. Holton, Dr. Crane was invited to read a portion of the statistical report sent in by Dr. Webber. This related to epidemic diseases, and was listened to with much interest.

Dr. Styles, of Windsor, called the attention of the fellows to the bench splint, which he had used with great satisfaction. It could be easily manufactured from the materials always at hand about dwellings.

Dr. Scott related the case of a man who came under his observation, with ununited fracture of the femur, of eleven months standing, which he succeeded in uniting by means of semicircular bands of iron. Strips of iron, sufficiently long to extend over the seat of fracture, were placed anteriorly and posteriorly, the rings being then applied by means of screws, which pressed upon the parallel pieces.

Dr. Porter presented and gave the history of an acephalous fœtus.

The following gentlemen were then appointed a Committee to compile and publish the statistical reports:—Drs. Phelps, Thayer, Webber, Whiting, Hazelton and Holton.

On motion of Dr. Gregg, the following gentlemen were appointed a Committee to examine claims of candidates for admission:—Drs. Gregg, Sawyer, Crowley, Higginson and Twitchell.

On motion of Dr. Jarvis, the July meeting will be held at Brattleboro', and the autumnal one at Windsor.

On motion of Dr. Edmunds, it was voted to instruct the Secretary to present the proceedings of the Society to one or more medical Journals, for publication.

The Association then adjourned to the first Wednesday in July.

H. D. Holton, *Rec. Sec.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 12, 1862.

The following letter corrects an unintentional mistake in a recent article by a valued contributor, and furnishes an interesting chapter in the history of the treatment of glaucoma in America:—

Surgical Treatment of Glaucoma—Reclamation. *Messrs. Editors,*— In an article upon the Surgical Treatment of Glaucoma, published in your issue of May 29th, occurs an error, doubtless the result of an oversight on the part of my highly esteemed friend, the author, but which is perhaps worthy of correction.

In the article referred to, page 348, Dr. Dix says:—"Previous to the two operations performed by me in this city, January 20th, 1862, there was in all of the medical journals of the land but one extended notice of, and that a compilation from various sources upon iridectomy in glaucoma."

That this statement is incorrect, may be seen by reference to the *American Medical Times* of February 2, 1861, page 83, in which my friend, Dr. H. D. Noyes, reviews at considerable length the various operations proposed for the relief of this serious affection of the eye. Moreover, reports of the successful treatment of glaucoma by operation in this country are not wanting. In the number of the above-mentioned journal for April 6th, 1861, may be found an account of two cases, entirely relieved by Hancock's operation, so-called (division of the ciliary muscle), the first performed by myself Nov. 16th, 1860 (and which was, so far as I am aware, the first time that this operation had been performed for the purpose in this country), and the second by Dr. Du Bois, Feb. 14th, 1861.

I may mention, in this connection, that iridectomy was employed for the relief of glaucoma at the New York Eye Infirmary as early as during the summer of 1860, when it was repeatedly performed by Drs. Agnew, Hinton, Noyes and myself. Either from accidental circumstances, or possibly from the fact (a matter of importance) that the incision was not made sufficiently external to allow of the excision of a portion of the iris in its entire breadth, the results at that time were not very satisfactory. Since the date of my first Hancock's operation, as above stated, division of the ciliary muscle has been preferred at the Infirmary to iridectomy, as causing no disfigurement, attended with less risk, more readily executed, rarely requiring anæsthesia, and equally if not more efficacious. Iridectomy, however, has not been entirely abandoned, but has been reserved for certain cases to which it would seem especially applicable; as, for instance, cases of glaucoma complicated with cataract, in which a subsequent "out-spooning" of the lens might be required; and I can confidently assert that, in my own practice and in that of my acquaintances, at least forty cases of glaucoma were treated, and a large number of them successfully, either by this operation or by division of the ciliary muscle, prior to the commencement of the present year. Indeed, the value of surgical treatment, as affording the very best means of relief, in the cases under consideration, has here for more than a year been regarded beyond dispute.

Like other modes of treatment, it is not infallible; but when the diagnosis is clearly established and the disease not too far advanced, the surgeon seldom has greater cause for congratulation at the result of his interference. Certain cases of apparent failure are doubtless to be attributed to an erroneous diagnosis. A patient recently came under my observation, who had had iridectomy skilfully performed upon both eyes without benefit, by a practitioner of this city, for supposed glaucoma, and in whom the ophthalmoscope revealed atrophy of the optic nerves, without the slightest symptom of intra-ocular pressure! Comment upon such cases is unnecessary.

Respectfully yours, F. J. Bumstead,
*Surgeon to the New York Eye Infirmary.*
163 *W.* 23*d St., New York, June* 5, 1862.

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Long Island College Hospital.—During the month of May, 1862, there were 582 patients treated in the out-door and in-door departments of the Hospital. Of this number, 347 were medical cases, 193 were surgical, and 42 were diseases of women. In the treatment of these cases, 1020 prescriptions were dispensed in the establishment. The diseases are classed as follows:—

| | Cases. | | Cases. |
|---|---|---|---|
| Diseases of the nervous system, | 16 | Ileus (12), wounds (5), contusions (14), | 31 |
| Of the digestive organs, | 102 | Burns (6), scald (1), | 7 |
| Genito-urinary organs, | 13 | Tumors (2), foreign body removed (1), | 3 |
| Lungs, | 67 | Hernia, stricture of the rectum, ganglion, of each 1, | 3 |
| Heart, | 6 | Intestinal worms, | 5 |
| Throat, | 20 | Clubfoot (1), bite of dog (2), | 3 |
| Skin, | 45 | Enlarged glands, | 8 |
| General system, | 27 | Vaccinations, | 26 |
| Bones and joints (necrosis, 2), | 8 | Teeth extracted, | 23 |
| Eye, | 20 | Unenumerated, | 34 |
| Ear, | 5 | | |
| Fevers, | 19 | Total, | 540 |
| Fractures (5), felons (7), | 12 | | |
| Abscesses (14), bursitis (4), | 18 | | |

The special diseases of women are classified as follows:—

| | Cases. | | Cases |
|---|---|---|---|
| Amenorrhœa, | 9 | Pregnancy, | 1 |
| Menorrhagia, | 3 | Polypus uteri, | 2 |
| Vaginitis, | 3 | Anæmia, | 10 |
| Ulceration of os uteri, | 7 | | |
| Prolapsus uteri, | 3 | Total, | 42 |
| Prolapsus vesicæ, | 1 | To which add | 540 |
| Fibrous tumor of uterus, | 1 | | |
| Debility from lactation, | 2 | Making a total of | 582 |

William Gilfillan, M.D., *Sec. to the Faculty of the Hospital.*

THE following circular, in relation to the medical inspection of recruits, has recently been issued from the office of the Surgeon-General :—

BOSTON, May 31, 1862.

SIR,—I beg leave respectfully to call your attention to the importance of a most rigid and thorough medical examination of the recruits about to be raised for the volunteer regiments in this State.

Printed forms will be sent to each Inspecting Surgeon, but as the service will be paid for, it is hoped that every surgeon will avail himself of the helps which such works on military surgery as Hamilton or Tripler may afford him.

The importance of having every man vaccinated about whom there can be any doubt, is earnestly urged. Respectfully yours,

WM. J. DALE, *Surgeon-General.*

THE wounded and sick soldiers arriving at the Massachusetts General Hospital are greatly in need of clothing. Any partially worn garments will be gratefully received at the Hospital by the Superintendent, for their use. Indeed, at all times such donations are acceptable at this institution, for distribution among the many destitute who seek relief within its wards.

THE Military Committee of the Senate have decided to report a bill providing for the appointment of 160 additional surgeons for the army.

Messrs. W. A. Browne, F. W. Brigham, E. P. Robbins, D. K. Warren, and Mr. Oliver, medical students, have left for Fortress Monroe in the steamer Daniel Webster, to do service in the hospitals in that vicinity.

Surgeon Thos. Welsh has been ordered to the bark Fernandina.

DEATHS in the city of Providence during the month of May, 73. The population of Providence in 1860 was 50,666, which gives one death in 694 for the month. The number of deaths in the first five months of the present year is 81, or 20 per cent. *less* than in the corresponding period of last year, and about the same amount less than the average for six years.

THE meeting of the Indiana State Medical Society is postponed until 1863, by order of its executive committee.—The health of Cincinnati continues thus far in the season remarkably good. There is no disease prevailing as an epidemic.—The building in the Central Park, New York, known as the "Academy of Mt. St. Vincent," has been tendered to the city by the Central Park Commissioners as a new hospital for sick soldiers.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, JUNE 7TH, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 46 | 39 | 85 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 37.9 | 32.8 | 70.7 |
| Average corrected to increased population, | .. | .. | 78.84 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 13 | 1 | 0 | 2 | 6 | 2 | 0 | 0 | 1 |

DIED,—In Morristown, N. J., on the 29th ult., Dr. Lewis Condict, 89. Dr. C. graduated at the University of Pennsylvania in 1794.—Of disease contracted in camp, at St. Louis, April 30th, 1862, Dr. John P. Haggott, Surgeon to the Fifty-seventh regiment Ohio Vols., aged 58.

DEATHS IN BOSTON for the week ending Saturday noon, June 7th, 85. Males, 46—Females, 39.—Accidents, 3—apoplexy, 2—congestion of the brain, 3—disease of the brain, 2—bronchitis, 2—cholera infantum, 1—consumption, 13—convulsions, 2—diarrhœa, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 5—erysipelas, 1—inflammatory fever, 1—scarlet fever, 2—gastritis, 1—gun-shot wound (received in battle). 1—disease of the heart, 4—infantile disease, 4—disease of the kidneys, 1—disease of the liver, 2—inflammation of the lungs, 6—marasmus, 2—measles, 5—old age, 2—pleurisy, 1—puerperal disease, 1—scrofula, 1—sore throat, 2—smallpox, 2—syphilis, 4—unknown, 2—whooping cough, 3.

Under 5 years of age, 41—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 62—Ireland, 17—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement, by J. MASON WARREN, M.D.—Continued from page 392.]

CASE V.—*Dislocation into the Foramen Ovale of Four Weeks' Standing, with other Injuries—Reduction.*—Oct. 9th, 1861. T. S., 19 years of age, twenty-seven days ago fell from the foreyard of a ship while at sea, striking first on the roof of the cabin, and from thence slipping off, and striking the rail. By the first blow, the hip was dislocated, and by the second the right arm was broken in three places, viz., the head of the bone, the olecranon, and the wrist. The bones of the arm had united when he entered the hospital—the joints being rigid, and the shaft of the humerus much in advance of the head of the bone. The patient was in rather a feeble state, and had gone through much suffering at sea—for four days after the injury there being a suppression of urine. The left thigh was out of its place, the knee was bent, the shaft of the bone projected forwards, forming an open angle with the body. The toes presented almost directly forwards. The trochanter was not prominent like the opposite side, but there was no hollow. At the upper and inner part of the thigh a prominence could be felt not perceived on the other side, and this could be distinctly felt in the rectum, and was undoubtedly the head of the bone.

The patient being fully etherized, the thigh was seized and efforts made to break up any adhesions which might have been formed, by making motions of flexion and rotation. By these manipulations, the head of the bone was dislodged from its position, and slipped up on the pubis, but would not enter the socket. On further efforts being made, it slipped round under the socket, and finally lodged on the dorsum ilii. In the course of the reduction, in fact, the appearances presented by all the different dislocations of the hip-joint were imitated. The pulleys were now applied, and the limb being gradually drawn down, when opposite the socket, a movement of rotation was given it, and it slipped in. After the reduction, a rigidity of the muscles on the part of the thigh still gave it an unnatural look, as if it might still be out of its place, but the restoration of an equal length to the other, and the free motions which could only take place with the head of the bone in the socket, dispelled any doubts.

The feet were now bound together, and he was taken down to bed. When seen, an hour after, the limb again stuck inwards, as before the operation, and it was said that it had assumed that position after some struggles made by the patient in coming out from the effects of the ether. A little force being applied to it, brought it down to a flat position in bed. While under the ether, flexion was given to the stiffened joints of the upper extremity.

The patient complained much of pain in the upper part of the thigh, and required sixty drops of elixir of opium to make him sleep.

On the following day, there was a suppression of urine, similar to what had occurred after the accident. He gradually but completely recovered the use of all his joints in about a month after the reduction.

Case VI.—*Dislocation of the Dorsum Ilii of Twenty-three Days' Standing—Reduction.*—J. M., 36 years old, a man of strong muscular development, was attempting to raise a man who was lying across a railroad track. In making the effort he fell, the man falling and striking against the pelvis and left thigh, bringing him to the ground. He was unable to rise, and was taken to a neighboring house, where his hip was examined. The injury was supposed to be a sprain. He remained in bed for twenty-three days, and as the limb did not recover, he was advised to go to the hospital. Doing so, he walked a mile and a quarter to the railroad station. He came by the train to Boston, and entered the hospital March 13th, 1862. On making an examination, I at once perceived that the limb was not in its natural position, and the symptoms of a dislocation upon the dorsum ilii. The limb was shortened about two inches; the trochanter being about that distance nearer to the crest of the ileum than that of the opposite side, and the toes everted, but did not lie across the instep of the other side—there being this peculiarity, that the leg stood off from the thigh, forming an angle with it, and giving him a knock-kneed appearance. The whole limb was much more movable than I have generally observed in a case of dislocation. This may possibly have arisen from the efforts which he had made to produce motion, under the impression that it was only a sprain. On turning him on his face, the nates of the injured side appeared much broader and rounder than on the other side, and where the hollow usually exists behind the trochanter, an elevation was perceived, which, on examination, appeared to be the head of the bone, which rotated when the necessary movements were given to the femur.

The patient was etherized, to the point of total relaxation of the muscles, and pulleys were applied and the limb drawn down to the same length as the other. An attempt was now made to turn the head of the bone into its socket, but although at the efforts at rotation a tearing sound was heard, as if strong adhesions were being broken up, yet the bone could not be forced into its socket. An effort was now made to reduce it by Dr. Reid's method; this also failed, the only effect being to carry the head of the bone around the socket and lodge it in the foramen ovale. From this position it was easily brought back to its original situation on the dorsum. Pulleys were now re-adjusted, and the limb again brought slowly down, so as to bring the head opposite the acetabulum, and the pulleys being relaxed, a sudden twist and lift was given to the limb, which went into its proper place with a jerk. The limb at first, after the reduction, had rather an unnatural appearance, partly from the stretching which the muscles had undergone, and partly from its being apparently longer than the other, so that I thought that possibly it might have again slipped under the socket; but on moving the limb, I found it had those free motions which can only be given to a bone in its natural position. The apparent length of the limb arose from a deviation of the pelvis, it having been three weeks in a strained position.

## CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

### No. IV.—A Curious Obstetric Case.

In 185–, I was called to Mrs. Mc——, who had been in labor several hours before I was sent for, and under the care of another physician. For some reason or other (which no one acquainted with Hibernian fickleness, particularly in regard to the medical profession, would trouble himself to account for), they became dissatisfied with this gentleman, and notified him that his services were no longer desired.

I found the patient quite comfortable. She had had no pains for some time; she looked bright; her pulse was good, and the cessation of the pains was evidently not due to exhaustion. I found the leg of a child hanging from the external parts. I am unable now to say whether the presentation had originally been footling, or whether turning had been resorted to, though I presume it had not. I could see that there was some *great* obstacle to the passage of the child, as the gentleman previously in charge had evidently used much force, one leg of the child being torn out from the hip-joint and attached only by a strip of integument to the pelvis, and the other having a compound fracture near the knee, through which protruded the ends of the bones. The child was dead, and the legs being so nearly off, gave no chance to pull, so I removed them, snipping the strip of skin which alone held one, with scissors, and removing the other at the hip-joint, as the sharp ends of the broken bones threatened injury to the soft parts of the mother. I had, soon after coming in and finding out the state of things, given a scruple of ergot, and the uterus now began to act, and pretty strongly. I soon became convinced that the obstacle to delivery was in the child, and not in the mother; and it also appeared as if the trouble was in the body of the child, and not in its head. I mean that, in making traction, the resistance seemed to be near my hand, and not due to impaction of the head in the superior strait. I proceeded to make a renewed and very careful examination, and finding that the pelvis and abdomen of the child were firmly wedged all around in the body of the mother, and immovable, I made an incision in the abdomen of the child, intending to disembowel it, and if necessary to remove it piecemeal. Upon the first cut (merely the width of the bistoury), what was my astonishment to find a clear stream of fluid start from the incision, and with sufficient force to strike the opposite wall of the room. The child then came away immediately. It was very large in every respect; a male child, and every way perfect save that the abdomen was distended enormously by a collection of clear serum. In fact, it was a *case of true fœtal ascites.* Of this I satisfied myself fully. The bladder was untouched by the incision, and there was no *anasarca.* I believe the child was alive up to the time the labor began, and that the enormous collection of fluid was in no way due to *post-mortem* changes. A very large placenta was next taken away without trouble, being well down in the vagina. I then found another child, and to my discomfort I had now to deal with an *arm presentation.* Without much trouble I succeeded in turning, and delivering by the feet a living child. It was, however, small and feeble, and I believe lived hardly forty-eight hours. The placenta of this last child gave a little more trouble than that of the first, but was got away, with the membranes, after a time, and then, the uterus being well contracted, I thought I might ask my patient, without breach of professional dignity (under the circumstances), "if she thought she had anything *more* for me to do."

She made a rapid and good recovery, and has never been the worse, so far as I can learn, for her slightly abnormal labor.

The union, in one case, of *double pregnancy, fœtal* ascites, and *arm presentation of the second child,* may, I think, be deemed extraordinary. Had the good Baron Munchausen been duly licensed as one of the Faculty, it seems to me the above account might not have been deemed unworthy of his pen. I shall offer no further apology to the readers of the JOURNAL for thus relating what I will vouch for as the history of a curious obstetric case, and one which in its favorable termination well illustrates what our sisters of the Emerald Isle *can do sometimes.*

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IN the Hospital for Consumption, in Australia, the number of males admitted has always been much greater than the number of females. In the first half of 1859–60, 185 males entered to 35 females, and in the second half 257 to 57.

# OPERATIONS AFTER AN ENGAGEMENT.

[Translated from M. Saurel's "Traité de la Chirurgie Navale," by THOMAS WELSH, M.D., Acting Assistant Surgeon U. S. Navy.]

*Incisions for the Extraction of Foreign Bodies.*—The treatment of gun-shot wounds by incisions is a practice which goes back to the invention of powder, and which had its origin, like cauterization, in the prejudices which Ambrose Paré has described so well; but if he saved the poor victims of these wounds from the suffering of boiling oil, the practice of incision has been continued to our time. Proscribed by Hunter, whose theories are still held by English surgeons, rejected by most of the Parisian surgeons during the revolution of 1848, it has found a particularly determined opponent in Baudens. Most of our confrères in the army have adopted his practice. It is the same with naval surgeons, who have been called to treat gun-shot wounds. Hello, whom the chances of navigation conducted to the field during the most active period of his career, expressed himself thus in a very remarkable monograph, of which we shall have more than one occasion to speak. "In a general sense I adopt the rule never to incise. I share, in this respect, the opinion of M. Baudens, who considers this practice as much more hurtful than useful; and in most cases which were presented to my observation, this operation has not been practised, which has not prevented the wounds from cicatrizing readily."

The question appeared settled, when the war in the East and the Italian campaign started it anew, and the practice found new advocates in the ranks of the army. M. Scrive, whose opinion in such matters has so much weight, thinks that the wounds produced by balls of the new form (cylindro-conical, cylindro-ogivales), demand in the majority of cases long and deep incisions in consequence of the more considerable damage they cause. He is equally a partizan of it in the irregular and ragged contused wounds caused by heavy projectiles. M. A. Bertherand is also opposed to the entire abandonment of it. But, in looking over the observations contained in his interesting letters upon the Army of Italy, it is easy to see that he does not think of making it general. M. Lagonest expresses also the same regret, but he defines with more precision the object of incisions: "The theory of non-incision has exceeded the limits which its partizans laid down. It has neglected the exploration of wounds, in the treatment of which it is frequently the indispensable condition." It is not against strangulation that this operation ought to be directed, nor is it to remedy the graver disorders which balls of new invention cause, for M. Lagonest does not share the opinion of his colleagues in that respect; he recommends incisions as a means of exploring in a sure and prompt manner the passage of a ball, of ascertaining fractures caused by them, and of extracting projectiles, foreign bodies and fragments.

As we do not pretend to introduce in this discussion the expression of our personal opinion, not having had any personal experience in battle-fields, we will refer to that of the learned professor of Val-de-Grace, and will reject with him the precautionary incision, performed in consideration of a stricture, almost always imaginary, in wounds which would get well without them. We will reserve it for cases in which it will be necessary to establish an important diagnosis, to remove a projectile, a foreign body, or fragment of bone. It is in this extraction that it simplifies gun-shot wounds, which cannot be managed with too much care. All military surgeons are agreed in recommending the immediate extraction of fragments, whether free or floating, or after having contracted adhesions with soft parts, provided the adhesions can be destroyed without too much effort. Baudens goes even farther, and advises dissecting out in some cases the angular fragments.

Perhaps it will cause astonishment, that we have attached importance to a point of practice which interests only incidentally naval surgeons, since, as we have said, wounds occasioned by balls are rare in naval combats; but as our confrères are now called to serve in expeditions which have been for a half century much more frequent than naval battles, gun-shot wounds appear in the number of the most common lesions.

*Cases of Amputation.*—There remains another point in surgery to discuss—the most important in naval as in land service, namely, that which has reference to amputations. They may be indicated in three principal conditions:—

1st, As a consequence of complete or incomplete tearing off of a limb by a projectile of large calibre.

2d, In complicated fractures caused by splinters of shell, and fragments of wood or iron, torn from the vessel or fallen from the mast.

3d, In gun-shot wounds, properly called, with lesion of bones or articulations, produced by balls.

In the first case there is no possible hesitation. Amputation, when it is practicable, ought to be done immediately, in the surgical sense; that is to say, when the depression has disappeared, and the accidents of the wound have not yet supervened in twenty-four hours after the accident. We shall mention, bye and bye, that the disarticulation at the hip-joint is an exception to this rule.

The question is not so easily solved for complicated fractures and gun-shot wounds. The differences between these two kinds of lesions, which we have separated designedly, are capital; and it is very necessary to make these differences prominent, as the apparent gravity of the first contrasts with the apparent benignity of the second. Fractures produced by the shock of bodies of large surface, which we have enumerated, resemble those which are observed in the ordinary practice of the hospitals, as a result of grave accidents. They are accompanied equally by a considerable swelling, rapid infiltration of blood, and large ecchymoses. Wounds, frequently very extensive, flowing of blood sometimes abundant, give them a very formidable appearance. In gun-shot wounds, on the contrary, the mischief is latent. The injury of the bones and articulations is concealed from the view; there is no very notable change in the exterior aspect of the limb. Two small wounds, with little bleeding and generally causing but little pain, do not seem to compromise the life of the patient, and rebut the idea of amputation. All the force of conviction acquired by experience, is necessary to enable us to refrain in the first instance, and to act in the second.

In a general sense, complicated fractures demand only exceptionally the sacrifice of a limb. In the marine arsenals, where most of the work demands the employment of considerable force, where enormous masses are continually being put in motion, these accidents are observed every day, and form the bulk of the practice of our hospitals. Experience there has taught us to rely upon the resources of nature and continual irrigation; these cases must be grave, before amputation is decided on. The perforation of the skin, the issue of fragments and their partial denudation, and the extensive contusion of soft parts, are not regarded as sufficient reasons. The destruction of the skin and bruising of the muscles and bones must be pushed to a great extent, together with the lesion of important vessels, to demand this operation. Such wounds undoubtedly take a very long time to get well. In fractures of the leg, for example, six months and more must elapse before the patient can walk. They require constant care, and numerous incisions to open abscesses and to take out sequestra; and when the patient leaves the hospital, we are tempted, in looking at his deformed and emaciated limb, which swells and becomes violet colored after a few hours in a vertical position, to ask if we have rendered a true service to the patient, and if it had not been better to have resorted at once to amputation, which would have spared him such long suffering. This is not the moment for deciding. We must wait months, and frequently years, to judge of the result. Then unhoped-for changes are witnessed; the callus has diminished in size; the muscles have recovered their form and energy; the articulations, stiffened by long inaction, have recovered, by exercise, to a degree which could not have been anticipated. The limb is not recognizable; the patient has forgotten his pains, and the surgeon congratulates himself on the perseverance he has exhibited. In a word, when we can have supervision of a patient, and the proper methods of treatment at our disposal, abstinence ought to be the rule and amputation the exception in complicated fractures.

The same rule of conduct will not apply to gun-shot wounds. When a ball or long musket-shot comes in contact with a long bone, it is shattered in its length and breadth; a large number of sharp irregular splinters enter the soft parts and remain there, and cause interminable abscesses. Frequently, unsuspected fissures extend to the neighboring joints. The bone is very much contused. Free access of air is opened to site of the lesion, where, often, projectiles and portions of clothing are lodged. These disorders are frequently more extensive than a superficial examination would lead one to suppose. Thus, surgeons who come for the first time to the battlefield are led to a false security. Those who have had experience, on the contrary, have always insisted on the gravity of these lesions and on the necessity of resorting at once to immediate amputation. That was the practice of the distinguished surgeons of the republic and empire. It has been condemned when a long period of peace caused the teachings of the past to be lost sight of; and we have seen, at different times, the practitioners of the hospitals take a stand against these extreme surgical rules. Contrary opinions have arisen in the schools; and when war has opened the field of observation, army surgeons have carried there the conservative doctrines they have learned in the schools. Facts have very soon modified their opinions; we now see almost all of them inclined towards the necessity of an active intervention, and to return partly to the practice of their ancestors. The reaction is, however, not complete, and at present they amputate less than formerly. Conservative surgery was largely represented in the wars of the East and of Italy, but it protested only against exaggerations. The rules which seem to be established now, are the following:—

Gun-shot wounds of the upper extremities rarely demand immediate amputation. "I am convinced," says Baudens, "that in cases which seem imperatively to demand it, it can be dispensed with, if we have the boldness to dilate the wounds widely, to touch their seat in order to carefully extract all the loose fragments, and to excise, if there should be need, the fractured extremities of bones at their articular heads, if they are broken." It is unwise, on the one hand, to underrate the gravity of wounds; or, on the other, to depreciate the value of a member, although shortened and deformed. A mutilated hand, so long as the thumb and little finger are preserved, will be far better than an artificial limb the most ingeniously contrived.

NOTE.—"The experience in the Crimea upon the interesting questions relating to amputations has demonstrated that extreme measures ought to be widely applied in war. If we hesitate in doubtful cases, or if we rely too much upon conservative surgery, we are not long in repenting of it on seeing patients die of wounds when amputation would have saved them. We have had frequent and sad experience of this."—(SCRIVE, *Medico-Chirurgical account of the Campaign in the East*, p. 461.)

"Too often the surgeon is disarmed by considerations of personal condition, age, &c., and sees his patient die with four limbs when he could have lived with three."—("A. BERTHERAND, *Campaign of Italy of* 1859." *Medico-Chirurgical Letters*, Paris, 1860, p. 196.

# Selections from Medical Journals.

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Paracentesis in Hydrothorax.—Trousseau frequently resorts to the use of paracentesis in cases of effusion into the chest, and has met with considerable success in this operation. During the past winter he has had several cases of this nature, some of whom succumbed before the progress of the malady, while others recovered. He even ventures to puncture the pericardium. In a case of heart disease which he had a short time ago, he entertained the idea of performing the operation, but was fortunately, from some concomitant circumstances, prevented from carrying his intention into execution, for, upon making the *post-mortem* examination, the amount of effusion was found to be very trifling. He has at present a case in the wards, of a boy whose chest was punctured for a pleuritic effusion, and who is now doing so well that in a few days he will be dismissed. The following is a short sketch of rather an interesting case, in which paracentesis thoracis was resorted to, but in this instance only as a palliative. A young woman, aged 22, was admitted on the 25th of February. She had been delivered at the Maternity Hospital on the 14th of the same month, under the influence of chloroform, the labor having been severe and tedious. Eight days after her confinement, she returned home, but was compelled, on the above date, to seek admission into the Hotel Dieu, for a cold which she had caught in consequence of imprudent exposure. On admission, she appeared to be very anæmic, a bruit was audible in the vessels of the neck, both arterial and venous, and under the microscope the blood showed numerous isolated large white corpuscles. During the evening and night of this day she experienced severe and prolonged rigors, with considerable oppression of breathing, pulse weak and 108 per minute, tongue coated, with thirst, loss of appetite, and constipation. On the 28th, there was a repetition of the shivering, and she complained of pain in the right breast, which was much swollen, as was also the left; this was attributed to suppression of the lacteal secretion, her child having been sent to the *dépot*, where it died of convulsions shortly afterwards. In the evening she was suddenly seized with a most violent and excruciating pain in the right side, and at the same time the respiration became very laborious. She was ordered sinapisms, hot fomentations, and applications of chloroform. On the 1st of March, the breast was still swollen and painful; the pulse 140 per minute, oppression of breathing considerable, and anxiety of countenance very marked. There was great pain on the slightest pressure being made on the thorax; there was also dulness at the lower part of the right side of the chest, with large mucous râles, but neither vesicular breathing nor ægophony was audible. On the 2d of March, at the upper part of the right chest there was heard loud tympanitic resonance, with amphoric breathing and metallic succussion sound, but no vesicular murmur; at the lower part of the same side there was dulness with distant mucous râles; and the left side was normal. There was a very trifling expectoration of saffron-colored viscous phlegm; no history of a tuberculous tendency could be elicited. The diagnosis given was circumscribed pneumonia, and metastatic abscess from puerperal pyæmia, perforation of the lung, and, as a consequence, hydro-pneumo-thorax. *Ordered* subcutaneous injections of solution of atropine night and morning, with administration of mercury and digitalis. On the 3d of March, these symptoms continued; there was marked prominence of the upper part of the right chest anteriorly, and the respiration was entirely performed by the left side; gums slightly swollen. *Ordered* to suspend the calomel, to continue the digitalis, and to apply chloroform liniments. On the 4th, the patient's condition had become so alarming, from the extreme exhaustion and the oppression of breathing, that it was deemed necessary to perform paracentesis, which was done by entering a trocar between the seventh and eighth ribs, and drawing off a quantity of horribly fœtid, sero-purulent fluid. The proceeding afforded immense relief to the patient. A gum-elastic sound was retained in the aperture, in order to keep it permanent. On several subsequent occasions more of the same kind of fluid was withdrawn, and injections of a strong alcoholic solution of iodine and iodide of potassium were made, without producing much pain. Up to the 6th of March, four *litres* (French) had been withdrawn, ameliorating in a marked degree the condition of the patient. On the 7th, diarrhœa had set in, with great anxiety and oppression, the pulse was 158 per minute and very feeble, and in the chest a faint transmitted respiratory murmur was audible. The succussion sound was diminished, but there was still great metallic tinkling posteriorly, and the thorax had commenced to contract. The iodine injections were continued, and chalk and bismuth ordered. After this the patient gradually sank, and expired on the 13th The *post-mortem* examination gave the following results:—perforation of the summit of the right lung, with circumscribed pneumonia and purulent deposit; the pleural cavity lined with a thick false membrane in a state of putrefaction; no tubercles in the lung; uterus healthy, except some deep engorgement of the os and cervix; no pus found in the cavity or structure of either uterus or Fallopian tubes.—*Paris Correspondence of Edinburgh Med. Journal.*

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MARRIAGES OF CONSANGUINITY.—Dr. Devay, Professor of Clinical Medicine at the Medical School of Lyons, has just published an interesting work on the disastrous effects of marriages among relations. He shows that in fixing certain prohibited degrees of consanguinity, the Church in point of fact was only favoring the observance of one of the most important laws of nature, the infringement of which is punished with inevitable degeneracy. Unions within the limits of consanguinity are hurtful not only to the human race, but also to animals. It is true that such unions among the latter are promoted by the breeder for profit's sake—the Disley and Durham oxen, so admirable in the eyes of the breeder, are instances of this; but sterility is the usual consequence of the practice. In the human race two circumstances have contributed to favor marriages among relations—the first occurs when a small population is pent up in some remote hamlet not easily accessible. The second case is that of families desirous of maintaining their rank in society, or preventing the dispersion of their fortune by marrying within their own circle. Dr. Devay states that out of 121 marriages of this kind observed by him, 22 were barren. Only 4 of the number were marriages between uncles and grand-nieces—the others were between cousins or the issues of cousins. When sterility does not occur, the issue is diseased, or afflicted with blindness or deafness; also in many cases afflicted with irregularity of conformation. Of all these irregularities, polydactylism, or multiplicity of fingers, is the most frequent. Dr. Devay has observed this in 17 out of the 121 cases above mentioned. He states that in a certain secluded spot, where the inhabitants had no communication with other populations, polydactylism had become quite endemic, and that this strange anomaly disappeared some time after a new road had been cut through the place.—*Paris Correspondence of British American Medical Journal.*

Arsenic and Sesquicarbonate of Ammonia in Ague. (By Edward Adamson, M.D., Edin.)—As a substitute for the preparations of cinchona in the treatment of ague, I doubt if there be any remedy more efficacious and trustworthy than the combined use of sesquicarbonate of ammonia and liquor arsenicalis. In ten cases, all adult males, treated solely with this remedy, it proved uniformly successful. Thus: in one case only—a quotidian—was its administration followed by two paroxysms; in seven other cases (one quotidian and six quartan) only one paroxysm subsequently recurred; and not one in the remaining two cases (one tertian and one quartan). As yet I have had opportunity of using these combined drugs in only two other cases of adult males; but, as both these cases had long resisted quinine, though readily yielding to the ammonia and arsenic, I do not include them in the above list. The quantity of the sesquicarbonate usually given was five grains dissolved in one ounce of water, with the addition of five minims of liquor arsenicalis; this dose being repeated *every two* or *every three hours*, according to the frequency of the paroxysms. In no case did any inconvenience result, save some degree of griping in one patient, in whom, as well as in three others, there was slight itching about the eyelids, and this was not spontaneously complained of but in two cases. Doubtless the real anti-periodic power is to be ascribed to the arsenic, which the sesquicarbonate, while exaggerating perhaps its efficacy, renders more easily tolerated by the system.—*Edinburgh Medical Journal.*

## Army Medical Intelligence.

*To the Surgeon-General.* Boston, June, 1862.

Dear Sir,—In compliance with your instructions, I left Boston on Monday, May 12th, for the Army of the Potomac, in company with Drs. W. H. Page and S. Mighill, of this city. On Wednesday morning we reported to Surgeon Cuyler, at Fortress Monroe. He received us very kindly, and advised us, by way of recreation, to visit Norfolk, that day, as the city was then the centre of considerable attraction, owing to its just having been baptized anew to the loyalty of the Stars and Stripes. At Portsmouth I found the Mass. 29th, having just arrived from Newport News. Surgeon Brown's headquarters were at the Naval Hospital. He said he had lost but one patient since Jan. 12th, and that there were now but two or three on the sick list, and these should be discharged. The Mass. 16th was encamped some two miles distant. I did not see the regiment, for want of time, but learned that the health of the troops was remarkably good.

Thursday morning Dr. Cuyler detailed us to report to Brigade Surgeon Curtis, at Newport News, as he had asked for additional medical aid. From Dr. Cuyler's representations, I supposed there was a large number of sick soldiers from this State at that encampment: but upon our arrival, in the afternoon, to this *now historic ground*, we found only eight or nine, of the five hundred invalid soldiers there, belonging to Massachusetts; and these were nearly all convalescent, having been left behind when the Mass. 16th and 29th moved from that place. Dr. Curtis assigned to each of us a hospital. Upon a careful examination into the condition of the patients at this point, very few were found who, really, were subjects of medicine, as most of them had so far recovered as to be able take daily exercise in the open air. The next day after our arrival, one hundred of this class were sent to Old Point—some to be discharged, others to go on a short furlough. It was the intention of Dr. Cuyler, as he informed me, to send others away as fast as it was practicable, so that this post might be discontinued. As Dr. Curtis had two medical gentlemen to assist him in his duties, and as there was so little labor for myself and associates to perform, we felt constrained to ask him to relieve us of our charge, that we might be of more service to the State and country, at some other place, where our whole time might be actively employed; consequently, after remaining two days, we left for Old Point. The prevailing sickness had been fevers, dysentery, diarrhœa, and rheumatism. Quinine and whiskey seemed the universal remedy.

Newport News Point is a delightful locality, and is well adapted by nature for a General Hospital depot. I understand, within two weeks, owing to the number of sick and wounded in other localities, many have been sent there for treatment. Gen. Mansfield, commanding at this post, was exceedingly courteous to us, and invited us, on two occasions, to the hospitalities of his table. Again at Fortress Monroe, Dr. Cuyler, approving our course, at once detailed us to report to Dr. Tripler, at the White House, the headquarters of Gen. McClellan's army. Saturday afternoon found us steaming up York river, accompanied by four volunteer surgeons from Albany, N. Y., Drs. Cogswell, Willard, Swinburne and Lansing, gentlemen of true and generous impulses, whose acquaintance, I trust, ripened into lasting friendship, as we labored day and night to relieve the sufferings of those imperilling their lives to sustain the integrity of the nation. Owing to the want of a pilot, our boat was detained at Yorktown till Sunday morning, thus giving us an opportunity to take a hurried tramp over this ancient town. Sunday was a charming day, and our voyage up the beautiful and mysterious river, the Pamunkey, was one of extreme pleasure. At three o'clock, in the afternoon, our boat was anchored near Col. Lee's house, with a vast plain in front, dotted over with the tents of thirty thousand soldiers. Dr. Tripler gave us a cordial welcome, fully appreciating our motives in coming so far to render such assistance as the exigency of the moment might demand. I visited Dr. Lyman, the Medical Director of Porter's Division, and several of the officers and privates from Massachusetts, and found them nothing daunted from their long and wearisome march from Williamsburg. A message came in the evening, requesting our whole party to report to Dr. Tripler the next morning, without fail, where breakfast and orders would be waiting our special attention.

Dr. Tripler said our arrival at this time was most opportune, as it was his intention to form a large hospital here for the reception of the sick from the various divisions of the advancing army, and that our services would be of the utmost importance, till the corps of "contract surgeons" arrived, to relieve us. He detailed Dr. S. Mighill to act as Assistant Surgeon to the 1st U. S. Cavalry, under the command of Gen. Cook. The doctor rendered signal service in this capacity, and remained in the advance with the right wing of the army, till he was relieved by the return of the commissioned surgeon.

Our Albany friends, Dr. Page and myself were at once detailed to the arduous and important duty of establishing the White House Hospital, subject to the direction of Brigade Surgeon Baxter, whose kindness and confidence in us gave us almost unlimited power. It is unnecessary to go into details concerning the kind and amount of labor performed here—a few results will suffice. The locality of this hospital is not the best that could now be obtained. But the area occupied was the only vacant place on Sunday, and as it was essential to erect some tents on that day, owing to the number of sick, this spot was selected, which is at this date greatly improved by the sanitary measures instituted. Gen. McClellan left 200 sick men to be provided for; 200 more came in, before night, from other sections of the army. This continued influx, before accommodations had been provided, before cooking utensils and rations had been drawn, and before materials could be gathered sufficient to commence *housekeeping*, on a simple scale, of course gave us much anxiety for the welfare of those committed to our care. As an instance: on Monday afternoon, Dr. Swinburne found an enormous brass kettle, in a negro hut, belonging to the Custis estate. This he laid violent hands upon, and although in a leaky condition, yet it served to prepare tea and other nourishment in, so that the sick, through this means, received their only repast for the day. The next day supplies began to come in, and our machinery worked more satisfactorily. As another instance to meet an emergency: the accustomed supply of beef failed to appear, one day, from some cause or other. The delinquency must be met. Dr. Kneeland, from the interior of New York, a volunteer, and a most efficient man, who had charge of the cooking department, knowing "that distance lends enchantment to the view," discovered a large herd of beeves, grazing not far off. With such a temptation on the one hand, and hunger on the other, he was not long in assuming the responsibility of detailing a soldier to bring down, by his unerring aim, one of the finest of the herd. This episode caused some merriment in camp, but was all made right at the commissary department.

During the week, an order came to send North, by the Sanitary Transport, the sickest in the Hospital; consequently about 600 were discharged for this purpose, and sent away; leaving, May 25th, seven days after the first reception of patients, 1127 still under treatment—giving an aggregate of 1700 collected at this medical depot, in one week.

*List of Diseases of Patients in the White House Hospital, May 25th,* 1862.

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| Febris remittens, | 243 | Abscessus, | 3 | Cystitis, | 1 | Subluxatio, | 1 |
| Debilitas, | 320 | Phthisis Pulmonalis, | 1 | Neuralgia, | 1 | Retinitis chronicus, | 1 |
| Rheumat. acut. et chr., | 122 | Hæmoptysis, | 1 | Ulcus, | 1 | Anthrax, | 3 |
| Diarrhœa, | 284 | Epilepsia, | 2 | Cataracta, | 1 | Prolapsus ani, | 1 |
| Bronchitis, | 35 | Asthma, | 1 | Iritis, | 2 | Febris intermit. ter., | 1 |
| Catharrhus, | 12 | Albuminuria, | 2 | Diabetes, | 4 | Vulnus incisum, | 3 |
| Hernia, | 7 | Pneumonia, | 1 | Pericarditis, | 1 | Synovitis chronicus, | 1 |
| Constipatio, | 7 | Contusio, | 1 | Syphilis, | 2 | | |
| Rubeola, | 17 | Pleuritis, | 1 | Gastritis chronicus, | 12 | Total, | 1127 |
| Orchitis, | 7 | Tonsillitis, | 2 | Vulnus contus. v. lac., | 14 | | |
| Fistula, | 3 | Gonorrhœa, | 2 | Ictus solis, | 2 | | |

The following is the *résumé* of the number from this State who entered the hospital up to May 28th. 1st Reg., Co. A, 7; B, 3; D, 4; E, 7; G, 3; H, 6: I, 13. 9th Reg., Co. B, 1; C, 1. 10th Reg., Co. D, 1. 11th Reg., Co. D, 1. 7th Reg., Co. B, 3; C, 1. 15th Reg., Co. A, 2; B, 2; F, 1; H, 1; I, 1; K, 2. 18th Reg., Co. C, 1; G, 1. 19th Reg., Co. A, 7; D, 2; F, 2; G, 3; H, 1; I, 2; K, 2. 20th Reg., Co. A, 1; B, 2; C, 8; D, 1; E, 2; F, 4; G, 3; H, 1; K, 3. 22d Reg., Co. A, 6; B, 7; C, 5; D, 5; E, 3; F, 4; G, 6; H, 2; I, 4. There was one from the 2d Co. of Sharpshooters, and four others not particularly classified; making a sum total of 153. I have the names of these, with the diseases for which they entered.

On the 27th I was relieved, with others, from the more active duties, by the fresh arrival of surgeons from this State. While there, most of the Mass. 1st were under my immediate care. The time I devoted to the sick at the White House, will ever remain among the pleasant memories of the past; as it gave me an opportunity, in common with others, to contribute something to the unceasing efforts on the part of the Government to ameliorate the condition of those enlisted to sustain her power. On my last visit to the hospital, June 6th, I found matters pertaining to the comfort of the sick much improved. Dr. Watson is in charge now—Surgeon Baxter having been transferred to act as Brigade Surgeon in the regular army. I understand the authorities have put a stop to sending the sick North, as it was having the effect to decimate the army unnecessarily. The type of a large proportion of the diseases was of a typhoid character. Stimulants and soups were of infinite value in many instances. Many cases of dysentery and diarrhœa had been prolonged, by the patients being moved from one encampment to another, as the troops advanced.

After being relieved from duty at this point, I went, in company with Drs. Page, Swinburne and Lansing, to Savage's Station, the headquarters of Gen. Heintzelman, nine miles from Richmond. Here we had a good opportunity to study the relative positions of the different *corps d'armée*. On three occasions I went to Fair Oak Station, within six miles of the much coveted city. On Saturday morning before the battle I was there, and although there was more excitement than usual, owing to the boldness of the rebel pickets, who were in full view, still a battle was not expected so soon. On the same day, we had orders to proceed to Gen. McClellan's headquarters. We had not progressed more than two miles, when a staff officer intercepted us, demanding our immediate return, as a battle had commenced on the left wing of our army, and our services were needed. A few wounded had been brought into Savage's before us. Dr. Hamilton, the Medical Director, being present, arranged the corps of surgeons, so that all could have an opportunity to work to their heart's content. The scenes that followed for the next three days—the alternate expression, upon every countenance, of defeat and victory—the genial emulation of all to vie with each other in doing what was possible to be done—the firm and heroic courage displayed in most instances by the wounded soldiers upon both sides—all go to form a picture not easily effaced. As the battle raged mostly along the left side of the railroad, varying from a mile to three miles from Savage's, this point afforded the most suitable station to receive the wounded, direct from the field of action. Some of them had their wounds temporarily dressed before they were brought in. After receiving the necessary surgical aid, the wounded were despatched to the Government boats, at the White House Landing, as speedily as circumstances would allow. It would be safe to say, that 3000 received surgical aid at this point of our labors.

It would be interesting to analyze the character of the wounds and fractures, by comparing the relative amount of destruction of tissues and bone, with the size and kind of missiles used. But time will not permit. Very few Minié balls were observed. A long cylindrical ball, with a wooden plug in one end, was used by the rebels, and was quite fatal to the bony structure. I had an opportunity of performing several amputations, upon both the upper and lower extremities; also to make several exsections. This seemed a favorite operation among many surgeons, and I have no doubt many valuable limbs will be saved by this conservative surgery. Splints were applied to many limbs, with the hope of their ultimate recovery. The proportion of spent balls requiring extraction, could not have been more than one to every ten or twelve of the wounded. I learned of but two cases requiring the ligation of the common carotid. Ether and chloroform were both used, but not to the extent they should have been, owing to the want of a sufficient supply of these anæsthetics. During Saturday afternoon, and Sunday, many of those who were brought in, freshly wounded, refused to inhale anything, and submitted to any required operation without the least betrayal of nervous or muscular agitation. Such acts of intrepidity were noticed by every surgeon. But with those whose wounds were not seen till many hours had elapsed, owing to the difficulty of finding them in the woods and slashes, and to their being captured by the enemy on Saturday, and retaken on Sunday, the case was quite the opposite. These patients needed stimulants and anæsthetics. Some of our soldiers and many of the rebels who were wounded on Saturday and not brought in till Monday, presented wounds full to repletion with *animated* nature. Most of the wounded who were captured and retaken, spoke of the kind treatment they had received at the hands of the rebels. Some of them, however, said the Louisiana Tigers wanted to finish them with the bayonet, but the Alabama boys would not allow it. So far as I could ascertain, very few Massachusetts soldiers were injured. As this battle was unexpected on our part, I think the sufferers shared all the care and attention that could be bestowed upon them under the existing circumstances.

On Tuesday, June 3d, I went over the battlefield. Many of the dead were still unburied. The whole aspect of the scene, in the destruction of life and property, resembled the fatal effects of the uncontrollable tornado.

It would be interesting to speak of the causes of sickness in the army, and of the topographical condition of the valley of the Chickahominy, as well as the strategic measures going on before Richmond. But I forbear. I am under great obligations to the several medical gentlemen in authority for many favors which I have received at their hands. Also, to various gentlemen, in their official capacity, in the army.

In thus giving an outline of my sojourn on the Peninsula, I have been obliged to speak of others whose interests were nearly allied to my own. I left White House, June 6th, on the State of Maine for Old Point, and from thence by way of Baltimore, reaching Boston

Tuesday morning, after an absence of a little more than four weeks. Dr. Mighill returned at the same time.

Respectfully submitted, I remain Your ob't serv't,

ADINO B. HALL, M.D.

A recent letter of Dr. Bidwell, at Ship Island, contains the following interesting account of the appearance of the bodies of two persons after lightning stroke.

"In the midst of one of the violent storms of this latitude, unknown at the North, when the wind was a gale and the rain a cataract, overturning or overwhelming a number of our frail habitations, a thunderbolt descended upon our guard-tent, instantly killing three men, producing serious internal injury to three others, rendering their recovery almost hopeless (though I am happy to add that their appearance has much improved this afternoon), and shocking more or less seriously some ten or twelve more—and a larger number slightly.

"I noticed on two of the corpses, this morning, the peculiar and beautiful arborescent appearance on the chest and abdomen, of lightning stroke. Had the accident happened under, or near, a tree, I suppose some would have designated it a photograph of the tree. As it happens that there was not a tree of any kind or size within at least two miles of the spot, nor any thing resembling a tree, the hypothesis must be allowed insufficient for the case."

## Bibliographical Notices.

*Commentaries on the Surgery of the War in Portugal. Spain, France, and the Netherlands, from* 1808 *to the battle of Waterloo in* 1815. *With additions relating to those in the Crimea, in* 1854–'55, *showing the Improvements made during and since that period in the great Art and Science of Surgery, on all the subjects to which they relate* By G. J. GUTHRIE, F.R.S. Sixth Edition. Philadelphia: J. B. Lippincott & Co. 1862. 12mo. pp. 614.

THESE are thirty lectures on military surgery, which originally appeared in the *London Lancet,* together with Addenda, comprising a report of the Crimean Campaign. The precepts, which will be found of the first value to the military surgeon, are the result of large experience, and coming as they do from the highest authority on this subject, render the publication one of much value, particularly at the present time.

*A Treatise on Gun-shot Wounds.* By T. LONGMORE, Esq., Deputy Inspector General of Hospitals, Prof of Military Surgery at Fort Pitt, Chatham. Philad.: J. B. Lippincott & Co. 1862. 12mo. pp. 132.

THIS is a brief, comprehensive, and remarkably well-written treatise on this subject, and well deserves a careful reading. The author is thoroughly conversant with the nature and treatment of this class of injuries, having had much experience during the Crimean war, and has so presented his subject, as to make a very readable and instructive paper. It now appears for the first time in a separate form.

*On Bandaging and other Operations of Minor Surgery.* By F. W. Sargent, M.D., Member of the College of Physicians of Philadelphia, one of the Surgeons to Will's Hospital, &c. New Edition, with an additional Chapter on Military Surgery, by F. W. Atlee, M.D., and one hundred and eighty-seven Illustrations. Philadelphia: Blanchard & Lea. 1862. 12mo. pp. 384.

This little volume is on a subject which we fear is often too much neglected, not only by students but by practitioners. We can only say that we know the author to be eminently qualified to teach in this department of surgery, and do not hesitate to recommend his book, which has already passed through one or more editions. The additional chapter by Dr. Atlee, will be found interesting and instructive.

*Hand-Book of Surgical Operations.* By Stephen Smith, M.D., Surgeon to Bellevue Hospital, New York. Baillière Brothers, 440 Broadway. 12mo. pp. 279.

This treatise was prepared, as the author says in his preface, at the suggestion of a number of professional friends who had been called from their usual avocations to act as regimental surgeons in the United States Army. They have felt the want of a manual of operative surgery at once portable, exact, up to the present stage of surgical knowledge, and fully and clearly illustrated. It is very evident that many of our professional brethren on whom the grave responsibilities of a military surgeon have fallen, could not be expected to represent in their own attainments at the moment, all that such a work should contain. Neither could they carry about with them a cumbersome surgical library. What was wanted was something to refresh their memories, in as small a compass as possible. Such a work Dr. Smith may fairly congratulate himself on having made. Its scope is limited to those branches of operative surgery which are of the most importance to the military surgeon, and yet, with the exception of gun-shot wounds, the subjects treated of are liable to engage the attention of the surgeon at any time. The work is most copiously illustrated by excellent and intelligible wood-cuts, taken from the highest authorities, and the print is remarkably clear and legible—no small recommendation when we think of the dubious light of the tallow dips, by which it must often be consulted by those for whose special benefit it is intended. Its flexible cover makes it handy for use, and packable in any space large enough to crowd it into. We gladly recommend it as a most valuable companion to surgeons in the field.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 19, 1862.

We are glad to see that among other much needed reforms that have been suggested in the Medical Department of the Army, an increase of the medical corps is contemplated, a bill having already been introduced into the Senate for this purpose. It is sincerely to be hoped that some measure having this in view will speedily be adopted, for the sake of humanity, whether we regard the suffering soldiers, or the medical officers appointed over them. There seems to be no good reason why the government, engaged as it is in a critical and protracted war, should not provide fully and efficiently for the wants of those brave men who are perilling health as well as life itself in the service of their country. We are constrained to say that we believe the medical service thus far has been entirely inadequate. We do not mean to say that the surgeons who have been appointed have not in most instances done their duty faithfully and well, but there has been a deficiency in the number of such officers, an evidence of which has been the necessity of calling for special details of volunteers on the eve of an expected battle, or at such other times as the emergency may seem to demand, to assist in the labors which should devolve upon the regular medical staff. But even with this additional force, the surgeons have been over-worked, while the sick and wounded have too often suffered for want of the commonest care. That all this can be at once remedied, is more, perhaps, than can be expected ; but an enlightened public opinion would seem to demand that, in a warfare carried on in a civilized country, and in an age peculiarly prolific in all that administers to human necessities, some more adequate and thorough provision should be made to meet the pressing and constantly increasing wants of the sick in hospital and camp. It is not enough that occasional details be made ; the regular medical corps itself should be largely increased ; at the same time that those who serve temporarily should be allowed a specific rank and pay, which should place them at once on a footing with regular officers, and thus relieve them from the embarrassments to which, without rank, they might be, indeed have been, subjected, from such as attach undue influence to braid and lace. War is an expensive business at best, but let one half the money which now goes into the pockets of swindling contractors and idle office holders be expended in maintaining an efficient body of army surgeons, and, while the tax-payers would grumble less, the people at large would have less reason to complain of an expenditure which is destined to entail a fearful burthen upon our country.

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NEW HAMPSHIRE STATE MEDICAL SOCIETY.—The seventy-second anniversary meeting of the New Hampshire Medical Society was held at Concord, Tuesday and Wednesday, June 3d and 4th—the President of the Society, Dr. E. K. Webster, of Boscawen, in the chair, and Dr. C. F. P. Hildreth, of Concord, Secretary *pro tem.*

The following gentlemen, having been recommended by the Council, were elected members :—Charles F. P. Hildreth, M.D., Concord ; Passmore Treadwell, M.D., Concord ; George Montgomery, M.D., Gilmanton ; George E. Spencer, M.D., Franklin ; Hubert Sleeper, M.D., Grantham ; Hadley B. Fowler, M.D., Bristol ; Jefferson Smith, M.D., Dover ; Frank P. Foster, M.D., Concord.

The Massachusetts State Medical Society was represented by Drs. Hoyt, of Framingham, and Savory, of Lowell ; that in Rhode Island by Dr. Batchelder, of Kingston. These gentlemen gave interesting accounts of the organizations they represented.

At 12 o'clock, the Society listened to the annual address by the retiring President, Dr. Webster—Subject, "The relations of the profession to the country and the war." The address was a finely written production, evincing much scientific research, and was overflowing with warm-hearted patriotism. The Dr. paid a glowing tribute to the arduous and self-sacrificing labors of the twenty-five hundred medical men of our country now joined to the army of the nation. He said, to show the appreciation of being members of medical societies, that nearly all of them were. "Though the names of our brethren on the battle field," he said, "may never be emblazoned on the banners of victory, or wreathed in green over triumphal arches, yet they will be written indelibly upon the hearts of our soldiers, and sacredly treasured in the minds of the American people." The address was replete in all its parts with interesting matter.

At 2 o'clock the Society adjourned to the Eagle Hotel to partake of their annual dinner. The President presided on the occasion, and about one hundred fellows of the New Hampshire Medical Society partook of the sumptuous feast.

AFTERNOON.—The following gentlemen were chosen officers of the Society for the ensuing year:—*President*, Dr. Charles P. Gage, of Concord; *Vice President*, Dr. P. A. Stackpole, of Dover; *Secretary*, Dr. Nathan Call, of Boscawen; *Treasurer*, Dr. Levi G. Hill, of Dover; *Councillors*, Drs. A. H. Robinson, S. Campbell, Thos. Sanborn, C. H. Shackford, J. C. Hanson, W. H. Thayer, S. Cummings, A. F. Carr, L. F. Locke, J. F. Hall, I. W. Lougee, G. A. Phelps, Chas. Palmer and J. H. Crombie. *Orators*, Drs. L. W. Peabody and N. Tolles. *Delegates to Dartmouth College*, Drs. W. D. Buck and L. G. Hill. *Committee on Surgery*, Dr. W. H. H. Mason; *do. on Medicine*, Dr. S. M. Whipple; *do. on Epidemics*, Dr. W. H. Thayer; *do. on Publication*, Drs. Call and Hildreth. *Committee of Arrangements*, Drs. Gage, Hill, Stackpole and Smith. The following gentlemen were chosen delegates to the State Medical Societies of New England:—Drs. Albert Smith and A. H. Robinson to Massachusetts; Drs. F. P. Fitch and S. Bunton to Rhode Island; Drs. George B. Twitchell and S. M. Whipple to Vermont; Drs. Noah Martin and P. A. Stackpole to Maine; Drs. J. P. Whittemore and C. F. P. Hildreth to Connecticut.

Dr. J. P. Whittemore, of Chester, delivered an oration on the "Qualifications and Duties of the Medical Profession"; Dr. Fitch, of Amherst, read a paper on "Obstetrics," and Dr. Martin, of Dover, one on "Hypertrophy of the Nymphæ." Drs. Abbott, Smith and Carter reported resolutions on the death of Drs. Luther V. Bell and Artemas Carr. Dr. Webster was appointed a committee to report at the next annual meeting on the subject of "Locality as a Cause of Consumption in New Hampshire."

MASSACHUSETTS MEDICAL SOCIETY.—The following officers were chosen at the meeting of the Councillors on the 29th ult.:—*President*, Dr. Josiah Bartlett, of Concord; *Vice President*, Dr. Ebenezer B. Allen, of Lawrence; *Corresponding Secretary*, Dr. B. E. Cotting, of Roxbury; *Recording Secretary*, Dr. Francis Minot, of Boston; *Treasurer*, Dr. A. A. Gould, of Boston; *Librarian*, Dr. W. E. Coale, of Boston.

SURGICAL APPOINTMENTS.—Surgeons John M. Cuyler, Richard H. Cooledge, Charles E. Keenery, Edward P. Vallum, George H. Lyman, to be Medical Inspectors under the recent act of Congress. J. C. Dow, of Massachusetts, Brigade Surgeon.

DR. JAMES BRYAN, whose interesting correspondence from the army, at different stations, has appeared in this JOURNAL for some time past, has, we are glad to learn, been appointed Surgeon-General of the Department of North Carolina. Dr. B. is admirably fitted for this position, having travelled extensively, and seen much continental practice, besides having had a large medical and surgical experience. He is to have supervision of all the hospitals in that Department.

IN addition to the individuals mentioned last week as having left Boston in the steamer Daniel Webster, for the Army in Virginia, were the following:—*Physicians*—Dr. Alex. McDonald, of Charlestown; Dr. Thos. H. Gage and Dr. R. Woodward, of Worcester; T. S. Harris (of the firm of Harris & Chapman), of Boston, apothecary. *From the Massachusetts Medical School, as Assistants*—Messrs. Nelson, Nickerson, Swan, Dole, Lincoln, Wigglesworth, Sanborn, Pratt, Winslow and Parker.

THE AMERICAN DENTAL ASSOCIATION will meet in Cleveland, Ohio, on the last Tuesday in July, and the American Dental Convention will hold its Eighth Annual Session at Trenton Falls, N. Y., commencing on Tuesday, August 5th.

MEMORIAL TO THE LATE JOHN HUNTER.—A beautiful memorial tablet has been placed in the nave of Westminster Abbey, to the memory of the above distinguished physiologist. The memorial, which is of polished granite inlaid with brass, bears the following inscription:—"Beneath are deposited the remains of John Hunter, born at Long Calderwood on the 13th of February, 1728. Died in London on the 10th of October, 1783. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom that work in the laws of organic life, and their grateful veneration for his services to mankind as the father of scientific surgery."—*London Lancet.*

NEW MEDICAL WORK IN PARIS.—An important work, the "Bibliographie Universelle de la Médecine, de la Chirurgie, et de la Pharmacie Militaire," has been undertaken by M. Rozier, the editor, and tome 1st has already appeared. The circle embraced by this new compilation is one of great width; its value will mainly consist in rescuing from oblivion many interesting monographs already set aside and forgotten by our ungrateful and proficient age, and in furnishing the student with a complete list of the authors who have treated any particular subject which he may desire to investigate.—*Ibid.*

ON the 1st inst., the hospital at New Orleans for U. S. troops had received 544 patients, and there had been 11 deaths. Surg. Robert K. Smith was Director of the hospital, assisted by Surgeons Towle of the 30th Mass.; Cummings of the 13th Conn.; Bidwell of the 31st Mass.; Thompson of the 12th Maine; and Brownell of the 12th Conn.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, JUNE 14TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 36 | 31 | 67 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 34.1 | 30 2 | 64.3 |
| Average corrected to increased population, | .. | .. | 71.9 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 15 | 0 | 1 | 5 | 6 | 2 | 0 | 0 | 1 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending May* 31st.

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.922 | Highest point of Thermometer, | 71.0 |
| Highest point of Barometer, | 30.180 | Lowest point of Thermometer, | 46 0 |
| Lowest point of Barometer, | 29.654 | General direction of Wind, | W.S.W. |
| Mean Temperature, | 58.5 | Am't of Rain (inches), | 0.83 |

For the week ending May 24th. omitted in our last issue:—Mean of barometer, 30.005; highest point of barometer, 30.280; lowest point of barometer, 29.630. Mean of thermometer, 65; highest point of thermometer, 84; lowest point of thermometer, 46. General direction of wind, W.S.W. Amount of rain (in inches), 0.456.

BOOKS AND PAMPHLETS RECEIVED.—A Manual of Medical Diagnosis, being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., F.R.C.P., Assistant Physician to St. George's Hospital, &c. &c. 2d American from the 2d London Edition.—Hints and Observations on Military Hygiene, with the best means of treating the Medical and Surgical Diseases of the Army. By Lawrence Turnbull, M.D., one of the Surgeons of the Howard Hospital, Philadelphia.

MARRIED,—At Westbrook, Me., 11th inst., John D. Lincoln, M.D., of Brunswick, to Miss Ellen E. L., only daughter of Hon. Samuel Fessenden, of Portland.

DEATHS IN BOSTON for the week ending Saturday noon, June 14th, 67. Males, 36—Females, 31.—Apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—inflammation of the brain, 2—bronchitis, 3—cholera morbus, 2—consumption, 15—convulsions, 1—croup, 1—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 1—scarlet fever, 5—hæmorrhage (after childbirth). 1—infantile disease, 3—intemperance, 1—inflammation of the lungs, 6—marasmus, 3—measles, 5—paralysis, 1—peritonitis, 1—rheumatism, 1—scurvy, 1—smallpox, 2—sore throat, 1—disease of the stomach, 1—ulcer of the leg, 1—unknown, 2—whooping cough, 1.

Under 5 years of age, 35—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 5—above 60 years, 6. Born in the United States, 48—Ireland, 13—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CLINICAL REMARKS ON THE TREATMENT OF CHOREA.

By Dr. Wilks.

It is well known that there are fifty remedies against this disorder, and even more than this number may be discovered if it be worth while to collect them from medical writings; and yet those who have not the opportunity of witnessing the practice of others are well satisfied with their own particular remedy as the best, in consequence of having generally found it successful. Thus scarcely a week passes but we hear of some new medicine which will infallibly cure this disease; and even it is worth the time of the British Association to discuss the merits of some novel anti-choreal drug. All the while the believers in iron, zinc, belladonna, or galvanism, still exist. In Guy's Hospital iron was superseded by zinc; and then, according to Addison and Bird, both were inferior to galvanism. This, however, did not take a year to be forgotten, although lately revived by the French physicians.

Now, we think it would be tolerably evident to an unprofessional person, or to one unacquainted with the disease in question, that where a malady can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as whooping cough, and many other disorders which tend to a spontaneous cure. We had almost arrived at this conclusion when visiting some years ago the Paris hospitals, and discovering that at one time iron was the remedy; at another, no drug could equal strong coffee; and at another that certain gymnastic movements, on the plan adopted at the "Hôpital des Enfans Malades," were quite sufficient to cure the disease.

It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal. With this idea, the late Dr. Hughes had a favorite and very useful remedy, consisting of rhubarb steeped in port wine. All other medicines acting on these principles are beneficial, and we generally administer them. But in order to impress upon students the importance of attempting a rational treatment of disease, so that they may know with what purpose they are administering medicines, we have for some years past taken bad cases of chorea into the hospital, so that students might witness for themselves the fact of the spontaneous cure of the disease, in order to disabuse their mind of the false notion that iron and zinc *cure* the disease by an antidotal sort of action.

The result, we may remark, can scarcely be obtained except in a hospital, for the cure seems to depend upon the removal of all those circumstances which may have excited the disease at the onset and then perpetuated it, as well as upon the controlling the patient by the stricter discipline of an institution and the more correct regimen. Thus it is, that although amongst our out-patients recovery will ensue under the ordinary treatment in a certain time, yet this is often protracted, and sometimes even no benefit at all results. Under these circumstances, if the patient be admitted into the hospital, a change speedily takes place. We should state that as the hospital nurses are staunch believers in physic, we have been obliged to order the children a little colored or sweetened water. We append a few cases in order to prove our position that chorea is a disease which tends to get well of itself, but is assisted in the process by tonic remedies, especially of the mineral kind. This we regard as absolutely certain, and appears, indeed, to be the only explanation of the numberless remedies which are in vogue to cure this disease.

Case I.—A girl, aged 15, had been ailing a month with symptoms of severe chorea, and had got so much worse during the last week that she was unable to stand, and was obliged to keep her bed. Her medical adviser, a very good practitioner, had treated her up to this time without relief. On admission, it was seen to be as bad a case as is usually witnessed. She was obliged to be placed in a bed with sides to it, for fear of her falling out. She was in constant motion, throwing her limbs about, the skin of which was knocked off on several parts, owing to the violence of the jactitation. She was ordered a little syrup and water to be taken three times a day. After a short period she began to improve, was soon able to sit up in bed, then to walk, and finally she left the hospital quite well, exactly four weeks after admission; the usual time, it may be said, when the most highly-vaunted remedies are said to cure.

Case II.—Sophia B., aged 7, admitted May 6, 1858. Symptoms of chorea had been gradually coming on for two months, but she had still been able to walk about and go to school. Two weeks ago she fell down, when all the symptoms became worse. On admission she was unable to stand, the jactitation was general, so that she was obliged to keep her bed. A slight systolic bruit existed. She was ordered syr. aurantii ʒ ss., tr. cardamom. c. ♏ v., aq. ℥ ss. ter die.

On May 11th, a little better. On 14th, much better. After this she still improved, and on the 28th all movements had ceased. She then left the hospital, but was directed to take some steel mixture with her, thinking it might be of service, and not then interfering with the natural course of the disease.

Case III.—Maria H., aged 8, came into the hospital with the last-named patient, and left about the same time. Three weeks ago choreal symptoms came on without an assignable cause. A slight systolic murmur existed. Jactitations considerable, so as to prevent her doing anything, although she did not keep her bed. She was a very intelligent child, but her father was a lunatic. She took no medicine, and in three weeks was quite well.

Case IV.—Emily J., aged 14. She had been ill two years with attacks of chorea, and had been an out-patient twelve weeks, taking several remedies—as zinc, iron, &c., without benefit. She was advised to enter the hospital on January 12, 1859. She took syrup aurantii ʒ ss., aq. ℥ i. ter die, and at once began to improve. On February 1st she walked about, and was almost steady. In two more weeks she left well.

Several other cases of a similar nature might be mentioned, where the children recovered without the administration of any medicine. We remember two cases where colchicum was given, after strong recommendation, with good result; but probably the disease had only worn itself out.—*London Med. Times and Gazette.*

## ON THE TREATMENT OF PLEURISY.

By Professor Trousseau.

M. Trousseau rarely employs bloodletting in the treatment of pleurisy; he scarcely ever cups, even at the commencement of the disease. As an antiphlogistic, he prefers calomel in minute doses, administered according to the method of Low, aconite and digitalis. A favorite mode of treatment in these circumstances is the following: calomel, a grain and a half; powdered sugar, a drachm and a half. To be carefully mixed and divided into twenty powders, of which one is to be taken every two hours. Tincture of aconite and tincture of digitalis, of each 15 drops; ordinary julep, 5 ounces. A tablespoonful to be taken every two hours. The pleuritic pain may be relieved by the application of a compress soaked in chloroform, or in a watery solution of opium. The part having been rubbed for five minutes, with the latter preparation, a moist rag is to be placed over it and covered with a piece of oiled silk.

When pleurisy is complicated with effusion, M. Trousseau has never recourse, in order to favor the absorption of the serous fluid, to blisters, so generally used in this state. Blisters, and especially large blisters, present several disadvantages; they cause great suffering, and are often the cause of ecthyma, abscesses, boils, carbuncles, erysipelas, and other severe accidents. Not long ago, there was in the Hôtel Dieu a patient who had been treated outside on account of pleurisy, and who, as the result of a blister, presented two abscesses of the thoracic parietes, so situated that they at first appeared to communicate with the interior of the chest, or to be symptomatic of caries of a rib. They had, however, been produced by the application of a blister, and on being dressed in the usual way soon healed.

M. Trousseau's treatment of effusion varies according to its importance. If the amount is inconsiderable, he confines himself to the administration of digitalis in doses of ten or fifteen drops, of diuretic drinks, quiet, and a light diet. If the effusion is considerable and the pleurisy simple, he evacuates the fluid by means of thoracentesis. M. Trousseau does not allow himself, under these circumstances, to be guided by the degree of oppression. He has actually seen two women, affected with enormous pleuritic effusions, die suddenly, without having experienced the least dyspnœa. One of these patients was a nurse, at the twelfth day of pleurisy; she died while sleeping, and her countenance expressed the most perfect calm. M. Trousseau is inclined to share the opinion of Aran, who recommended that the operation should be practised as soon as the effusion had reached the fourth rib; in fact, in these circumstances he has never seen a bad result follow. However, he seldom operates until the fluid has reached the level of the clavicle.

The operation is very simple; the puncture is made in the fourth or fifth intercostal space. If there is no other means at hand to prevent the introduction of air into the pleura, the wide end of the canula is plunged into the fluid which is flowing out, and this latter is itself an obstacle to the entrance of air. Thus practised, thoracentesis has always excellent results when the effusion is on the left side, that is to say, when the pleurisy is simple; for Aran found, by clinical observations, that, ninety-five times in a hundred, pleurisy of the right side is secondary, being connected with tubercular disease of the lungs, while pleurisy of the left side is generally primary.

In the case of tubercular pleurisy with effusion, thoracentesis may be resorted to as a palliative, although necessarily with little chance of success. Topical applications are, however, often useful, particularly the repeated application of iodurated preparations, and especially of the alcoholic tincture of iodine.—*Edinburgh Medical Journal*, from *Journal de Médecine et de Chirurgie pratiques.*

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## THE CYSTICERCI OF TÆNIA IN MAN.

(Continued from page 118, vol. lxv.)

Transformation of Cysticerci into Proglottiferous Tænia.—The cysticerci of tænia become proglottiferous tænia (tape worms or strobiles), when, being swallowed by chance in any carnivorous animal, they escape mastication, and fasten themselves by their suckers and tenacula to the intestinal parietes.

The experiments of the transformation of the cysticercus have been often made. They succeed most easily when the cysticerci are not too large, when the caudal vesicle, the loss of which they bear very well, has been removed, provided the head and a portion of the neck remain intact.[*] Kuchenmeister first proved the cystic worms (cysticerci, hydatids) to be merely the larvæ of the tape worm (cestoids.)[†]

The animal life of the hydatids, supposed by Redi,[‡] was confirmed by Hartmann,[§] by Tyson,[‖] and definitely settled by Pallas.[¶] All agreed at that time they were tæniæ in a pathological state, dropsical or unnaturally placed. The discovery, and the more thorough knowledge of alternate generation which had already been noticed by Chamisso, in 1819, in the biphores, and was elevated into theory by Steenstrup,[**] sanctioned more than ever the conjectures of Tyson and Pallas. "Possibly," said Steenstrup, "the perfect animal produced by the cystic worm is not yet known, but it is not improbable that it may happen to them as to the subdivision of the agamous trématodes, such as the cercaires, the leuco-chlorides, &c., which were obliged to disappear from the classifications as merely being transitory generations." Dujardin[††] considered cysticerci as modifications of the tænia, which, prevented from following the ordinary phases of their development in the thickness of the tissues of mammals, perished in a state of embryonic hypertrophy. Von Siebold[‡‡] believed the vesicular worms were merely the larvæ of the tænia. Kuchenmeister[§§] was the first, in 1851, to confirm these suppositions by experiments in feeding dogs with the C. serratus of the rabbit, and thus obtaining the C. serrata.

The body of the cysticercus attached to the side, and floating freely in the cavity of the intestine, is in constant contact with the chyme, nourishes itself by it, and increases by imbibition. The caudal vesicle becomes a terminal proglottide, if it has not been curtailed or injured by the act of mastication. The transverse folds of the neck become the origin of the proglottide segments. The central canal of the neck, at first continuous with the caudal vesicle, divides into as many secondary cavities as there are rings. Each cavity of the future proglottides holds already the germs of ovules, which have been wrongly confounded with the calcareous corpuscles of the cysticercus. The ovules, though sometimes abortive, now rapidly enlarge. Each segment produces more than a thousand eggs. The primitive internal egg-bearing wall becomes insufficient, folds up irregularly, forming ridges whose intermediate spaces appear in mature proglottides as ramifications of a central canal (oviduct), into which fall and accumulate the ovules when they are quite matured. Thence the eggs are expelled by the contractions of the external muscular wall of the proglottides, traversing an orifice or genital pore situated in a regular, irregular, or alternate manner on one of the sides of these last.[*] At the same time that the ovules multiply and increase, the organization of the rings becomes complicated, secreting apparatus is developed,[†] accessory (seminal, vitilliginous glands, &c.) and excreting ducts. The organ regarded as a testicle becomes atrophied and disappears in the articulations now maturing, in which only eggs are found. This circumstance has caused the male organs to be for a long time unknown, they being only very distinct in the articulations near the head.[‡] The mature proglottides detach themselves spontaneously from the terminal part of the worm. Thus isolated, they move in quite a rapid manner, by prolonging and shortening their body, like the annelides.

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[*] As in the tænia—when the largest part of the body of a tænia has been expelled, if the rupture of the worm is near the head, the parasite is not reproduced, whilst its rings will reproduce if it has been only partly removed. In this case the proglottides appear again in two to three months.

[†] Prager Vierteljahrsschrift, 1852, Bd. xxiii. (Ueber die Umwandlung der Finnen in Bandwürmer.)

[‡] Redi. Opere, t. i. Venezia, 1684.

[§] Ephem. N. C. dec. 2, an 4, 1685. Observ. vermes vesic., p. 152.

[‖] Philos. Trans., t. xvii., 1693, p. 506.

[¶] Pallas. Miscell. Zoöl. Hagae Comitum, 1766.

[**] Steenstrup, Ueber den Generationswechsel. 1842.

[††] Dujardin. Histoire Naturelle des Helminthes. 1845.

[‡‡] Von Siebold. Anatomie der Wirbellosen, Thiere, 1848, p. 111.

[§§] Loc. cit.

The flattening of the body of the cestoids and thence the proglottides, is apparently due to the primitive cockling up (recoquillement) of the body of certain cysticerci. At least, this explanation would be very plausible for the T. turbinata ( ? ), of the C. turbinatus, whose neck, invaginated and rolled upon itself, is already naturally flattened.

Nothing has as yet been made known concerning the origin of the tænia mediacanellata, which is not provided with tenacula. It is often found in man, and is unknown as a cysticercus.[§]

No more is known concerning the origin of the tænia nana, which, armed with tenacula, has only been observed once in man, by Bilharz, in Egypt.[‖]

The Direct Transformation of the Embryo of Tænia with Tenacula, into Proglottiferous Tape Worms.—Since the experiments of Kuchenmeister, Von Siebold, Von Beneden, Haubner, Lewald and Leuckart, it is generally admitted that the tænia comes only from the cysticerci of animals which carnivorous animals have eaten, and also that a proglottiferous tænia must necessarily pass a certain time in the state of a cysticercus. Nevertheless, I believe embryos hatched in the fæces, or in the intestinal canal, may directly reach a complete state of development by remaining in the intestine.

Pigeons, geese, ducks, swans, &c., contain tenaculated tænia which certainly have not been in the cysticerci state, for these birds do not feed on other animals whose bodies might contain them. The same is true with frugiverous and herbivorous animals, who equally afford lodgings for the parasite in the intestine. Bruckmüller having found many thousands of young tænia in the intestine of a puppy, Röll remarked rightly that it was impossible for the dog to have devoured, in so short a time, so large a quantity of corresponding cysticerci. The direct transformation of the embryo of the tænia into proglottiferous tæniæ is necessary to explain these facts, which as yet have not received the certain and direct proof of experiment.

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[*] In certain species of tænia, a genital orifice exists on each side. In the bothriocephalus, the genital pores are found in the same line on one of the sides of the worm. The male genital pore is placed at the top of a mamelon containing a retractile penis ; the female orifice is behind the male orifice, and is not prominent.

[†] Wagener. Die Entwicklung Cestoden der Cestoden, in Nov. Act. N. C. 1854, t. xxiv., suppl., p. 17.

[‡] Leuckart, Die Blasenbandwürmer und ihre Entwicklung, Giessen, 1856, p. 83.

[§] Kuchenmeister, Die in und an dem Koerper des lebenden Menschen vorkommenden Parasiten. Leipzig, 1855.

[‖] Cité par Bremser, ueber lebende Würmer im lebenden Menschen. Wien, 1819.

When the embryos are very small, they can easily perforate and traverse the epithelium of the mucous membrane of the intestine, and then penetrate the capillary vessels; but if they have been hatched some time, and have attained a certain size, this will prevent their penetration into the capillary vessels, and their peregrinations through the wall of the intestinal canal; their cephalic extremity remains fastened and inserted there, whilst the caudal, enlarged, cannot pass through the passage the head has made, and becomes developed in the intestinal cavity, giving existence to the proglottides.

THE ORIGIN OF TENACULATED TÆNIÆ IN CARNIVOROUS ANIMALS.—The carnivorous animals contain tæniæ corresponding to the cysticerci lodged in the flesh of the animals on which they prey. Thus it is that cats contain in their intestines the T. crassicolis coming from the C. crassicolis (fasciolaris) of the mouse. Dogs contain the T. serrata produced by the C. serratus (pisiformis) of the hare, rabbit, deer, sheep, ox, &c.; the T. cœnura and the T. echinococca coming from the C. cœnurus and C. echinococcus of the sheep, of ruminants, &c.

Von Siebold* considers the T. serrata and the T. solium as of the same species, modified by the peculiar conditions in which the individuals are developed. According to Von Siebold, they come indifferently from the C. serratus, C. tenuicollis, C. solium, and C. cœnurus, and he proposes to place in the same group, the T. marginata, T. crassiceps, and T. intermedia. If Kuchenmeister, Haubner,† &c., have apparently proved by experiment that the T. solium, T. serrata, T. cœnurus form different species, still this does not prove that the diversity of all these species is to be admitted absolutely, but merely that these species, descended, perchance, from the same stock or from many stocks, modified by the different situations in which the tæniæ produced by them have lived, are able to reproduce themselves in a regular manner.

ON THE ORIGIN OF TENACULATA TÆNIÆ IN MAN.—With man, the use of miry water, of raw meat, or of rare meat containing either the embryo or the cysticerci of the tænia, appears to be the cause of the production of proglottiferous tæniæ in his intestinal tract. These parasites appear at times from the use of beef or of mutton,‡ at times from the use of pork.§

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* Von Siebold. Ueber die Band-und Blasenwürmer. Leipzig, 1854.

† Gurlt's Magazin fur Thierarzneikunde, ann, 1854, 1855.

‡ The C. tenuicollis inhabits almost exclusively the ruminants. These last contain rarely the T. solium.

§ Pigs contain the cysticercus ladrique (C. solium), also the C. tenuicollis.

All the world knows that butchers, pastrymen and cooks are the most frequently infested with tæniæ, owing to the custom they have of eating or tasting raw or hashed meat.[*] Weisse,[†] at St. Petersburg, has often seen the T. solium developed in children on raw meat diet. Scharlan, at Stettin, found tæniæ in seven children to whom he had prescribed raw meat.[‡] West met with tæniæ twice in nursing children. Professor Küss saw two tæniæ produced in a patient whom he had nourished with rare beefsteak. Probably by the use of beef, and of rabbits, &c., more or less rare, may the presence of tæniæ in Jews be accounted for.[§] In Abyssinia, the tæniæ are very common among Christians, who live on raw or very rare meat, whilst the Mahometans, who eat meat well cooked, are never infested with them.—Vide Aubert.[‖]

The T. solium is frequently found in persons who eat raw lard or ham, when these viands contain by accident cysticerci. A patient of a doctor at Görlitz, who was accustomed every day to eat raw pork, expelled forty T. solium.[¶]

In India, the English soldiers who remained two years in Peshawur were infested with the tænia in a ratio of one in three—though the Hindoos are seldom affected. Gordon,[**] who relates this, attributes it to the food—the English using pork,[††] whilst the Hindoos do not. The tænia is found in those Mahometans and Hindoos only who use animal food; in those classes who use only vegetable diet, they are not seen.

In Algeria, Europeans are frequently infested, whilst they are never observed, or but very rarely, in Arabs, according to A. Ehrmann.

The Carthusians, who only eat fish, vegetables and milk, are not troubled with tænia, even where they are very common, according to the statement of Reinbein.[‡‡]

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Utility of Coffee in Soldier's Diet.—M. Larrey, having been called upon by the Council of Health of the Department of the Seine for his opinion as to the desirableness of extensive employment of coffee in the soldier's diet, speaks in his reply in the warmest terms concerning its use. He states that upon his father's recommendation it was employed freely in Algeria, with the best effects upon the soldier's health, as a substitute for brandy. It has also seemed to act in some measure as a prophylactic to intermittent fever.—*London Med. Times and Gazette.*

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[*] Salathe (Dissertation pathologique sur le ténia, thése Strasbourg, 1803) found in the body of a butcher, 40 years years old, eight tenaculate tæniæ, occupying all the length of the small intestine.

[†] Journal für Kinderkrankheiten, t. xvi., 1851.

[‡] Gervais et van Beneden, Zoölogie Medicale, t. ii., p. 259.

[§] Gervais et van Beneden, loc. cit.

[‖] The Jews have rarely the T. solium; the bothriocephali are found as often with them as with the other inhabitants, probably because the embryo of the bothriocephali are taken in drink.

[¶] Memoires de l'Académie de Médecine de Paris, 1841, t. ix. Sur les Substances Anthelmintiques.

[**] Medical Times, No. 397, p. 429.

[††] They probably also used the meat of ruminants.

[‡‡] Zeitschrift für wiss. Zoölogie, t. iv., p. 64.

# Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. FURNISHED BY DR. J. C. WHITE, RECORDING SECRETARY.

JANUARY MEETING.—The President, Dr. J. B. S. JACKSON, in the chair.

*Scarlatina.*—Dr. D. H. STORER spoke of the malignant form of scarlatina now prevalent in Boston. It seemed to him to be entirely unmanageable. The cases generally progressed well during the eruption, but in the second week the sequelæ appeared with unusual severity; these were great swelling of the glands of the neck, discharge from the ears and suppression of urine. The blood seemed poisoned beyond all help. The disease seemed to be more under the control of remedies some years than others. Measles he had noticed to be particularly light this year.

Dr. DIX asked if counter-irritation was often resorted to in the swelling of the cervical glands of scarlatina? Dr. Hosmer, of Watertown, he said, was of the opinion that otorrhœa and deafness are of less frequent occurrence after its employment.

Dr. AYER stated that in a case recently under his care the cutaneous symptoms were followed by a bronchitic cough, and that a few days afterwards the child had what appeared to be several attacks of spasmodic cough, and finally died from apparent exhaustion. He thought there was no false membrane.

Dr. STORER alluded to the frequent occurrence of spasmodic affections of the throat just before the appearance of the rash.

Dr. GOULD had seen a case during the past week in which a whistling cough and suffocation had followed the rash; but these symptoms had lasted only twenty-four hours, and the patient recovered. In this case, however, the laryngeal affection had been very severe, from the first. He had noticed that when the throat is early affected, the termination is generally favorable.

Dr. JOHN HOMANS had lately seen a case in consultation, of a girl 2½ years old. It had presented nothing remarkable during the eruptive stage, but on the seventh day the throat became slightly sore, a diarrhœa came on, and she sank from exhaustion. There was intense heat of skin, rapidity of pulse, and sleeplessness, but no loss of consciousness or enlargement of the cervical glands. He had seen a very severe case as far back as July last. He had found the stimulating treatment, quinine and wine whey, the best.

*Phlebitis.*—Dr. A. A. GOULD reported the case. A lady, 30 years old, had, after attendance in a sick room eight years since, pain and swelling of the right knee, supposed at the time to be an inflammatory affection of the veins. There had been an enlargement below the knee ever since; but in the meanwhile she had married and borne two children without experiencing any trouble at any time in the part. The swelling had always remained compressible by a laced stocking. About a week ago, after walking an unusual distance, she was attacked with chills and pain in the knee, which began to swell, though no tenderness could be detected, except along the course of the femoral vein. Under the use of fomentations, the pain and swelling entirely disappeared in twenty-four hours, but slight febrile symptoms continued. At ten o'clock of the third day after the attack commenced, the patient was found to be very well, everything appearing favorable; but two hours afterwards she began to be unconscious, her face became purple, pulse feeble, and breathing labored, and in this condition she remained until two o'oclock at night, when she died. The urine drawn from her in this interval was scanty and very thick. Dr. Gould supposed the case to be one of pyæmia, and such was the opinion of two physicians called in consultation. There were no abnormal pulmonary or cardiac symptoms, nor any evidence of renal disease. No deposits of pus, or suppuration, were anywhere noticed. There was no *post-mortem* examination.

The President stated that he had seldom met with metastatic inflammation of the joints and deposits of pus in other organs, in cases of phlebitis, after death, even when the local affection had been very extensive.

Dr. Adino B. Hall had recently been called to a young man belonging to a company of gymnasts, who, while performing, had suddenly fallen, and been taken in an unconscious state to his lodgings. This was at 4, P.M., and when visited at 1 o'clock the following morning, he was lying in an unnaturally quiet sleep, the pupils being contracted and fixed. He appeared to be under the influence of alcohol or some other intoxicating drug. Had vomited during the evening, and once subsequently after the administration of an emetic. He remained in this condition two days, when he began to protrude his tongue involuntarily, but could not speak for six days, when consciousness returned completely, and then facial paralysis of the right side was noticed. The paralysis was now subsiding. Dr. Hall considered the symptoms to have been caused by congestion of the brain.

Dr. Gould said he had recently examined the chest of a patient who has chronic bronchitis attended by profuse expectoration. Several physicians had already pronounced his lungs free from tubercles. On percussion, the resonance was sufficiently good on both sides, and equally so, but no respiratory murmur was heard upon the right side. On the following day, the air penetrated with perfect freedom, and the failure to do so at the first examination was attributed to plugging of the primary bronchus by one of the immense masses of mucus so frequently expectorated.

February Meeting.—The President in the chair. *Dysmenorrhœa.*—Dr. Channing narrated several cases of dysmenorrhœa, the discussion of which occupied nearly the whole time of the meeting; these cases he proposes to publish at some future time. He spoke of the frequent occurrence of this affection, which seemed to him to be caused by the changes in the ovaries at the period of menstruation. Certainly, he said, we do not often meet with cases in which the white substance, spoken of as peculiar to this disease, is thrown off from the womb. He had never seen but one instance of this, although he had frequently sought for it. Too much importance had been attributed, also, to contraction of the cervix as a cause, as the dilatation by tents so frequently performed here some time since has proved. He had noticed tenderness in the groin and lameness of the leg corresponding to the ovary apparently most affected, as a frequent accompaniment of this affection. When the ovaries are enlarged, he generally prescribed the solution of chloride of lime. In ordinary dysmenorrhœa he had derived much benefit from using the following pill, given three times a day during the interval between the monthly periods; he seldom gives anything else now. Sulphate of quinia, gr. i.; extract of belladonna, gr. $\frac{1}{8}$; extract of conium, extract of hyoscyamus, of each gr. $\frac{2}{3}$. The relative proportions of the ingredients were varied to suit the particular case; sometimes an eighth of a grain of belladonna and a grain of the last two substances being combined.

In reply to a question from Dr. C. STEVENS, Dr. CHANNING said that he thought anteversion the most frequent displacement of the uterus, prolapsus being very seldom met with.

The President said he had never found a satisfactory explanation of the cause of dysmenorrhœa in any appearances of the sexual system *post mortem.* He certainly had not found contraction of the cervix, nor was there any evidence that the changes in the ovaries at the catamenial periods are of an inflammatory nature. He had seen the white substance alluded to by Dr. Channing but once. It proved to be a true deciduous membrane, but in this case there was no dysmenorrhœa.

Dr. MINOT thought it an exception to find a woman who did not suffer more or less during the catamenial period. He had lately been called to see a girl, 19 years old, who was in the most intense agony of pain. This suffering returned every month, and was quite as severe as that accompanying labor.

MARCH MEETING. The President in the Chair. *Effect upon Bullets of contact with Bone.*—Dr. J. M. WARREN spoke of cuts upon the surface of bullets caused by contact with bone, apparent in many which he had seen extracted during the past year. He exhibited one extracted from a lieutenant, wounded in the head at Bull Run. It had been split in halves, one portion being very smoothly polished, the other having imbedded in it portions of the skull. Dr. Warren mentioned also a case in which the bullet had been divided by striking the tibia.

*Dysmenorrhœa.*—Dr. WARREN also spoke of the treatment of dysmenorrhœa by the internal use of iodide of potassium. He had found it successful in nearly every case; its good effects being apparent before the end of two months. He was somewhat surprised at the doubt expressed at the last meeting in regard to the use of dilatation in this affection.

Dr. STORER thought the remarks alluded to were not intended to apply to cases of mechanical obstruction. He was of the opinion that dysmenorrhœa in young women was often due to contraction of the cervix, for after childbirth the symptom disappeared, partly, without doubt, on account of the dilatation thus produced.

Dr. JONES said he found the administration of opium, hyoscyamus and camphor before the appearance of the catamenia, very effective in preventing dysmenorrhœa; proving, as he thought, that the symptoms often depend on spasm alone.

The President said he had seldom met with contraction of the cervix, *post mortem,* during the period of menstrual activity, but after that time very frequently.

Dr. HODGES said that in dissecting-room subjects he had frequently noticed marked contraction in females certainly below the age of fifty, even when no signs of disease were present to account for it. In these cases, however, there were no signs of previous pregnancies upon the body.

*Becquerel's Galvanic Apparatus.*—Dr. GARRATT exhibited a new, portable, galvanic apparatus, invented and sent to him by Becquerel. It was contained within a box about ten inches by six, and two inches deep. The action was generated in two small cup-cells, the outer carbon, the inner zinc, by a strong solution of bisulphate of mercury prepared instantly by adding to a little of the dry salt a teaspoonful of water in each cell. Attached to it was a helix of very fine silver wire, by the adjustment of which the power was regulated. It was so arranged as to produce both a modified primary and induced current. Its full effect was very powerful. Dr. Garratt had applied to the original metallic handles variously shaped and ingeniously contrived electrodes, coated with caoutchouc and tipped with sponge, so as to prevent accidental shocks both to exhibiter and patient. By their employment currents could be applied to all parts of the body without the necessity of removing the garments, and thus one of the chief objections to the use of galvanism is removed. In amenorrhœa Dr. Garratt applied it externally only, and sometimes with marked success; in other cases, apparently quite as appropriate for its use, without any benefit at all.

In reply to a question from Dr. Homans, he stated that he had found galvanism to be most useful in certain cases of rheumatism, those particularly in which the application of cold was grateful, and in cases of nervous exhaustion, however produced. In the extraction of teeth it seemed available, if properly applied. The current should be applied at the proper instant, and the instrument must fit the tooth exactly. The relief from pain seems to be caused by pre-occupation of the nerve at the moment the tooth is pulled; for if the operation is at all protracted, the effect ceases.

Dr. Abbot mentioned a case in which he had recently employed magnet electricity against narcotism produced by laudanum. The patient, a healthy woman of middle age, had swallowed three drachms of laudanum at 7½ o'clock in the morning, for the purpose of self-destruction. Two hours afterwards, a physician in the neighborhood was called, who gave an emetic, but the matter vomited at that time and subsequently gave no smell of opium. Dr. Abbot first saw the patient at 10½ o'clock, A.M. At this time there was complete loss of consciousness, with contracted pupils, respiration fifteen and pulse seventy in a minute. Strong coffee was poured down her throat until a certain amount had accumulated in the stomach, when it was rejected by vomiting. It was impossible to walk her about, as she had no power in her limbs whatever. The occasional vomiting served to stimulate the heart's action from time to time until 4, P.M., when the pulse had become very feeble, the respirations only seven in a minute, the face haggard, the jaw fallen, and deglutition no longer possible. The poles of the battery were then placed in her hands, and the shock at once excited a long, sonorous inspiration, the chest expanding to its utmost. A succession of rapid and full inspirations followed as long as the battery was applied, terminating, if the application was continued with considerable force, in a spasmodic closure, with rapid convulsive movement of the jaws and opisthotonos. The breathing seemed to be completely under the control of the instrument, and varied in fulness and frequency in proportion to the strength of the application. At one time, by way of experiment, the respiration was carried as high as thirty in a minute; the face becoming flushed and the perspiration streaming from the surface, but without any sign of consciousness. When the use of the battery was suspended, the breathing grew gradually less and less full and frequent, the extremities cool, and the system seemed again approaching a state of collapse, from which it was easily aroused by a renewed application of the battery. At one time the breathing fell in this way as low as four in a minute. Signs of consciousness first appeared at 10 o'clock, P.M., fourteen hours and a half after the opiate was taken. At that time she pushed away a cup of tea that was put to her mouth, and spoke incoherently. The electricity was applied at intervals during the night, and at 7, A.M., of the next day, consciousness was complete. In this case there seemed to be no special advantage in applying the electric current directly in the course of the nerves of respiration; the effect was more marked when the poles were placed in the hands of the patient. It seemed to act as a direct stimulant to the muscles of respiration. The instrument employed was a large Davis and Kidder's machine.

The President mentioned a case of paralysis, and diminution of the power of the special senses, coming on after diphtheria.

## Army Medical Intelligence.

*To the Surgeon-General.* FAIR OAKS, VA., JUNE 6, 1862.

DEAR SIR,—Occupying the battle-ground of Saturday and Sunday, we feel that we have won a victory, though at great cost. With its usual good luck, the 19th lost no men, though they had, during the fight, a good deal of marching to different points, and did their duty well.

I was at the hospital on the field, two days, and for once in my life had plenty of work to do. Accommodations were very poor, more than one hundred being exposed to the weather for two or three days; yet all was done for them that circumstances permitted, both for our own and the rebels. We had about 250 wounded at that house, and large numbers at other houses.

All operations were performed and all work done by our own surgeons, regimental and brigade. No volunteer surgeons were present at any hospital of this corps, or on the field with the corps. Our force, however, was sufficient. We had one rebel surgeon, who rendered good assistance. Most of those operated on at our table were rebels; and although I have shed the blood of the chivalry, I don't wish to have it supposed that I have caused the death of any.

While on the march from Fortress Monroe, we were obliged to send a number of men to General Hospital. I am sorry to see that numbers of them have been discharged without good cause, their sickness being but slight, and it was expected that they would join us again in a few days. I hope you will discourage this unnecessary thinning of our ranks, if you have occasion to speak of it. Many are at home on furlough who should be with their regiments, and continue to send certificates of sickness, purporting to be signed by physicians, when it is known they are able to do duty. They will be considered as deserters.

The weather has been very bad lately, raining most of the time. The army seems to be advancing very cautiously, not permitting the possibility of a defeat. Let us get them out in the open field once more, and they are ours.

My surgical instruments prove to be very good. Dr. Willard is well, and sends regards. I remain, respectfully yours,
J. Franklin Dyer, *Surg. 19th Mass. Vols.*

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*To the Surgeon-General.* Newbern, N. C., June 8th, 1862.

Dear Sir,—You will learn through the public journals of another skirmish, wherein the "24th" took part, and sustained their past reputation. It took place near Washington, N. C., and was of forty minutes' duration. The loss from our regiment was six killed and five wounded. A detachment from the Maine Artillery was engaged in it, and suffered a slight loss. Lieut. Horatio D. Jarves, Co. A, was seriously injured in the left ankle by a musket ball, and without doubt will lose his foot.

Dr. Curtis is acting surgeon of the regiment, and all accounts from officers and privates award to him the highest praise for his coolness during the skirmish, and for the skill and kindness shown to the wounded. Sincerely yours, Samuel A. Green,
*Surg. 24th Mass. Vols.*

P. S.—Dr. Curtis had the sole charge of the cases, and was assisted by Hospital Steward McGregor.

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U. S. A. General Hospital, Judiciary Sq.,
Washington, June 12, 1862.

*To the Surgeon-General.*

Dear Sir,—It gives me great pleasure to report to you that I am stationed at this Hospital amid circumstances every way agreeable. I found, on reporting myself to Dr. Breed at the Circle Hospital, that the place he sent for you to fill was already taken. But the next day he went with me to the Judiciary Hospital, where I was so fortunate as to obtain an immediate situation, under Dr. Vollum, of the regular service, in charge; and on the following day I entered on my duties under contract with the Surgeon-General.

Dr. Calvin G. Page, of Boston, is now in charge of this Hospital. There are also here Dr. Alfred H. Haven of Boston, and Dr. Francis H. Brown of Cambridge, besides two gentlemen from New York and Pennsylvania. Six members compose the surgical staff, and there are now here 544 patients. Last week we had an arrival, one afternoon, of 225 wounded from McClellan's army, who were all taken in and cared for before evening.

The Judiciary Hospital was built under the auspices of the Sanitary Commission, and cost $30,000. It is of plain, unpainted pine, with a front edifice for offices of two stories, and a hall of four hundred feet length, with ten pavilions, all of one story, opening from it, five on a side. Gas and water are introduced throughout, with plenty of bath tubs, water-closets, &c. Everything was built in the cheapest manner consistent with durability and comfort. The hall and the wards are not ceiled, and all communicate above the partitions. Each ward has two rows of windows, one above the other, which, with the communication over the partition walls, afford the most perfect ventilation I ever saw in any hospital. Each ward has a bath-room, water-closets, two nurse's rooms, and a small room for convalescents attached, and accommodates about forty beds. There is also a brick edifice close at hand, which has been pressed into the service, and is now full of sick and wounded, affording two good wards of thirty beds each. The surgeon in charge also proposes to erect several hospital tents for erysipelas, typhus, &c. The kitchen, dead-house and guard-house, are small detached edifices.

I may venture to say that the inmates are even luxuriously provided for by the many benevolent people here, by the Sanitary Commission, and by government, which latter affords an abundant supply of good food. The general hygienic state is good, and the cases do well. The principal diseases are typhoid, debility and rheumatism. The gun-shot wounds are of every variety; some severe shots through the chest and trunk, and many compound fractures. Suppuration has now fairly begun in those received from the battle of Fair Oaks, and secondary hæmorrhage is commencing to be troublesome.

I have ventured to trouble you with these details, knowing the interest you take in such matters. With many thanks for your kindness,

I remain respectfully yours, David W. Cheever.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 26, 1862.

We alluded, last week, to the necessity of some reform in the Medical Department of the Army, and the steps that had already been taken to meet such a necessity, by which greater efficiency would be had in the care of the sick and wounded, for whose welfare the government is alone responsible. We are glad to see that measures are also on foot by which the entire control of the sick, who have before been provided for to a greater or less extent by the respective State authorities, is to be transferred to the United States Government. This is certainly another most important movement in the right direction, the beneficial results of which we hope will soon be apparent. It is obvious that, apart from certain considerations of minor importance, it is the duty of the government carrying on the war, and under whose authority alone the armies are called into the field, to leave no want unsupplied that may contribute to the wellbeing of those upon whom it depends for its existence. It is for the United States to see that the medical officers appointed both to the field and to hospitals be competent, and that there be a sufficiency of such officers to meet every demand. That much has been accomplished, and important and material aid has been furnished by the various States towards lightening the burden pressing heavily on the general government, there can be no question. Every one at all conversant with the history of the war very well knows how largely indebted is the United States to the respective States for their promptness and zeal in ministering to the wants of those who have gone forth from their borders to fight the battles of the country. But the time seems to have come when a change is called for, and the recent report to the Secretary of War asking for some modification, more especially of the present arrangement by which the States take charge of their own wounded, has already, we see, been acted upon in Pennsylvania, the Governor of that State having instructed the Surgeon-General to transfer the hospitals under his charge to the United States authorities. It is proposed that arrangements be made for a similar transfer of all the State hospitals for wounded soldiers, together with the medical officers attached thereto. This consolidation, so essential to the efficiency of a government at all times, we regard as especially so in a crisis like the present, and in a department upon which rests so grave a responsibility.

New Pessary.—Dr. B. F. Taft, of Blackstone, has shown us a pessary of his invention, which is quite novel in its design and seems likely to answer an excellent purpose. We are not fond of pessaries, and are very skeptical of prolapsus uteri. Very few of the women whom we have examined, who supposed they had "falling of the womb," were really suffering from this affection. We believe that most of the contrivances which have been and are still introduced for the relief of an imaginary or an exaggerated disease, are pernicious encumbrances. And then they are awful instruments in the hands of quacks. Still there are cases of genuine prolapsus, and for the relief of such we have seen no contrivance better than, if any as good as Dr. Taft's. The instrument is made in two parts. The upper portion may be described as half of a hollow sphere, the concavity being adapted to receive the os uteri, and the centre of its convex surface being provided with an opening for the escape of discharges from the uterus and for the application of injections. The other portion of the instrument consists of a cup-shaped extremity, to receive the above-mentioned hemisphere, which is prolonged in a hollow, narrow stem down to the outlet of the vagina, where it is attached to a plate, which is held in place by straps. The hemisphere is first introduced and applied to the os in whatever position it happens to be, and the cup below easily receives it, the whole apparatus being applied without the least violence to the organ. The two parts of the instrument play one within the other, adapting themselves thus to the position and movements of the body. By an ingenious contrivance the external end of the instrument also slides freely up and down in the supporting plate, and thus the whole apparatus acts as a perfectly firm, yet flexible supporter. The tubular character of the stem admits of a free application of injections to the os. The instrument is made of India rubber, thick enough for purposes of support, vulcanized with oxide of zinc instead of a salt of lead, by which the irritation sometimes caused by the usual combination is avoided. The whole contrivance is very ingenious and well calculated to answer the purpose designed in cases where it is needed; as indeed certificates in Dr. Taft's possession prove it to be.

Rhode Island Medical Society.—The fifty-first annual meeting of this Society was held in Providence, June 4th, 1862—the President, Dr. C. W. Parsons, occupied the chair.

Dr. Sanford, of Connecticut, was present as a delegate from the Medical Society of that State; and Drs. Hooper, Storer and Cotting represented the Mass. Medical Society.

The Trustees of the Fiske Fund reported that no premium had been awarded. They announced two subjects for 1863, being the same as those proposed a year ago; and offered two premiums of one hundred dollars each. The questions are: I., What evidence is there that inflammatory and febrile diseases have undergone any general change of type? II., Gun-shot Wounds, especially those caused by recently-invented missiles.

The Society elected the following officers for the ensuing year:—*President*, Henry E. Turner, M.D., of Newport; 1*st Vice President*, Jarvis J. Smith, M.D., of Gloucester; 2*d Vice President*, Otis Bullock, M.D., of Warren; *Recording Secretary*, B. Lincoln Ray, M.D., of Providence; *Corresponding Secretary*, Edw. A. Crane, M.D., of Providence; *Treasurer*, Geo. L. Collins, M.D., of Providence; *Librarians and Cabinet Keepers*, Drs. S. C. Dunn, of Newport, and W. O. Brown, of Providence; *Censors*, Drs. D. King, G. L. Collins, J. W. C. Ely, J. H. Eldredge, W. A. Shaw, S. Clapp, G. W. Stanley and Job Kenyon.

Drs. Mauran, D. King, Bullock, Collins and Snow, were appointed a committee to co-operate with the State authorities in the superintendence of the registration of births, marriages and deaths.

Drs. Collins, I. Ray and Ely were appointed a committee on the publication of the Society's transactions.

Remarks upon subcutaneous injection of narcotic solutions for the relief of neuralgic and other pains, were made by Drs. Collins, Clapp, C. W. Parsons and Mauran.

Dr. W. O. Brown exhibited a specimen of tænia lata.

Dr. D. Homer Batchelder delivered the annual discourse, in which he reviewed the history of medicine, referring to the characters and the discoveries of celebrated physicians of ancient and modern times, the successive theories which have swayed the profession, and the diverse modes of practice resulting.

Dr. H. E. Turner was appointed orator for the next annual meeting.

The Society then adjourned to discuss the annual dinner, at which remarks were made by visitors from neighboring States, and by members.

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THE VERMONT MEDICAL SOCIETY.—*Messrs. Editors*,—This Society held its semi-annual meeting at St. Albans, Wednesday and Thursday, June 18th and 19th. The President being absent, the meeting was called to order by the Secretary, Dr. McCollum, of Woodstock, and Dr. Chandler, of St. Albans, was elected President, *pro tem.*

The record of the last meeting having been read and approved, the credentials of Dr. Benjamin E. Cotting, of Roxbury, Mass., delegate from the Massachusetts Medical Society, were read, and Dr. Cotting was invited to sit with the Society, and participate in the deliberations of the same. The credentials of Dr. E. M. Snow, of Providence, delegate from the R. I. Medical Society, were read, with a letter from Dr. Snow explanatory of his absence.

Dr. Stevens, of St. Albans, moved that the Secretary transmit to the Secretary of the Mass. Med. Society the acceptance of their delegate, and an expression of pleasure in thus exchanging fraternal professional relations; and trusts the interchange may mutually continue. Dr. Stevens further moved, that the Secretary be requested to invite an exchange of delegates from the several Societies of the remaining New England States, and from the New York State Medical Society—to attend the annual meetings of their respective Societies.

The following gentlemen were elected members:—S. S. Clarke, M.D., Albany; W. S. White, M.D., Fairfield; H. P. Hall, M.D., St. Albans; C. G. Adams, M.D., Island Pond; J. H. Hamilton, M.D., and John Huse, M.D., Richford; J. J. Meigs, M.D., Hyde Park; S. J. Holley, M.D., Dorset; H. B. Woodward, M.D., Bakersfield; Geo. Bliss, M.D., Poultney; N. S. Goss, M.D., Georgia.

Dr. Stevens, at the request of Dr. Chandler, reported a very remarkable case of *Lusus Naturæ* in the person of an infant, which elicited interesting remarks from Drs. Reynolds, Chandler, Morgan and others, upon the effects of marked impressions made on the mind of the mother, on the development of the fœtus in utero.

The remainder of the day was occupied in an interesting discussion of the subjects *diphtheria* and *instrumental labor*.

*Thursday, June 19th.*—The Society met, pursuant to adjournment, the President, Dr. A. S. Woodward, of Brandon, in the Chair.

Dr. Belknap reported a case of interest, which was commented upon by Drs. Reynolds, Woodward, Morgan, Russ and Chandler.

Dr. Rublee presented a boy suffering from *osteo sarcoma* of the tibia, and gave a history of the case, followed with practical remarks, and reports of cases from Drs. Woodward, Richardson, Adams, Stevens, Marsh, Clark and Russ.

Dr. Stevens presented a case of hydrocephalus in a child three years old, the head measuring twenty-five inches in circumference.

Dr. McCollom reported a case in a boy, the head measuring forty-seven inches in circumference, with the mind clear and active.

Dr. Woodward, of St. Albans, remarked upon the treatment of hydrocephalus by tapping, and reported cases. Drs. Marsh and Rublee reported cases successfully treated by tapping.

Dr. Rublee presented a young man nineteen years of age, with a large aneurism in the right supra-orbital region, of eleven years standing, caused by a blow.

Other cases of professional interest were reported and discussed, not noticed in this brief report.

The meeting was well attended, and one of much interest and profit.

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COMMON COLDS. *Messrs. Editors,*—Every one is practically familiar with common colds. The chilliness and shivering, the dulness and languor, the soreness of throat, pain in the head, stuffed nostril, and, still worse, the irritability of temper and the general discomfort, have not only been experienced by every one at some time, but it has been the misfortune of most people to pass through this unpleasant ordeal repeatedly, and frequently.

It is certainly quite unnecessary for us to prepare an article upon the symptoms of a common cold, and although a consideration of the pathology and means of cure of this complaint might be interesting and profitable, I only propose at present to indicate what my own observation and experience appear to teach is a valuable and efficient preventive of this disorder. It is simply sulphuric ether. It should be taken by inhalation. A very little of the remedy will answer the entire purpose. The patient should not make an approach to etherization, but only apply the nose to a bottle containing the liquid and make a few inspirations. This must be done (in order to be completely effectual) when the first symptoms of the cold manifest themselves. The result is an almost immediate and complete removal of all the symptoms, and no unpleasant effect ensues.

*Somerville, June,* 1862. J. BLACKMER, M.D.

The Ophthalmoscope.—We learn from a letter in the *American Medical Times*, that the ophthalmoscope is now in quite general use in English hospitals. We quote the following extract:—

"I am very glad to find that in the ophthalmic hospitals of London and the provinces, as well as in the military hospitals, and at Chatham, the *ophthalmoscope* is in general use and highly appreciated. In no branch of our art have I seen such decided improvement within the last twelve years, since I was here, as in ophthalmic surgery; and much of this progress is owing to our being able to explore the deep textures of the eye by the ophthalmoscope. This admirable instrument was nearly perfect, when introduced a few years ago by Helmholz; and now there is but one opinion as to its effectiveness, and to its immense importance in enabling us to investigate diseases, especially of an obscure nature, in this delicate organ. And what surprises me, is to see the degree of tolerance of such examinations, in almost every kind of ophthalmic disease; a result we certainly should not have looked for *à priori*. Temporary dimness of vision may in some cases be induced by its use; but by a proper regulation of the quantity of light admitted into the eye, we may employ it with advantage in acute glaucoma, or even in retinitis. A metallic speculum is now preferred for the instrument instead of glass, as it is more portable and less brittle, has a small, thin-edged sight-hole, and but one reflecting surface. Besides, a metal reflector always gives a clearer and better-defined image than a glass one. It is true that some experience is necessary to enable one to derive all the advantages from this instrument of which it is capable; but the same may be said of the stethoscope or any other instrument. *The division of the ciliary muscle* of the eye for glaucoma, opacity of the cornea, &c., may also be mentioned, as evidence of progress in the treatment of this class of diseases. This operation I saw performed several times, and very skilfully, by Mr. Hancock of the 'Royal Westminster Ophthalmic Hospital,' and with decided benefit. Thus, out of 511 principal operations performed at this institution during the last year, I find that this operation has been resorted to in 118 cases. Of a variety of affections, about 1000 patients are here annually treated, and there is no better place for students to study this class of diseases."

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Arrangements have been made to prepare for publication a "Medical and Surgical History of the War." The medical portion of this work has been committed to Assistant Surgeon J. J. Woodward, United States Army, and the surgical part to Brigade Surgeon John H. Brinton, United States Volunteers. All medical officers are requested by the Surgeon-General to co-operate in the undertaking by forwarding to his office such reports, &c., as may be of value for the work.

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We have received from the author, Dr. John P. Spooner, a pamphlet entitled "The Different Modes of treating Disease, or the different action of medicines on the system in an abnormal state." This interesting paper first appeared in the pages of this Journal.

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At the Annual Meeting of the Medical Society of the State of Pennsylvania, held in Philadelphia, a committee was appointed to inquire as to the expediency of publishing a Daily Medical Gazette.—*American Medical Times.*

By a recent Act of Congress, the rank of Brigade Surgeon is abolished, and this class of medical officers are subject to the same rules which govern surgeons. The corps of surgeons is also to be enlarged by the appointment of 160 more for the war, 40 being full surgeons, and the remainder assistant surgeons.—*Am. Med. Times.*

ARMY MEDICAL STAFF.—Dr. Wm. H. Page, of this city, has been detailed as Assistant Medical Director of the 4th *corps d'armée* under Gen. McClellan.

Dr. J. F. Galloupe, of Lynn, Acting Brigade Surgeon, has been appointed Acting Division Surgeon on Gen. Foster's Staff.

Surg. E. L. Warren, of the Mass. 22d, has resigned his commission.

HEALTH OF SAN FRANCISCO.—During the month of April the number of deaths was 174, showing a favorable sanitary condition, as compared with the two preceding months, the number in March having been 207, and in February 222. The epidemic of smallpox is evidently on the decline, not more than half as many deaths resulting from that disease during the last month as during the month of March. Amongst 116 deaths recorded at the Lone Mountain Cemetery, 5 were from typhoid fever, and 7 from diseases of the brain. Consumption carried off 20 against 28 in the preceding month. Of children under 3 years of age, there were 27 deaths at the Lone Mountain Cemetery, amongst 116, or less than one fourth, whilst the records of the Catholic Cemetery give 25 deaths of children under 3 years of age in 50 interments, or just one half.—*Pacific Med. and Surg. Journal.*

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, JUNE 21ST, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . | 45 | 40 | 85 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 34.6 | 32.5 | 67.1 |
| Average corrected to increased population, . . . . . . . . . | .. | .. | 75.3 |
| Deaths of persons above 90, . . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 17 | 2 | 0 | 9 | 6 | 0 | 0 | 1 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending June 7th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, . . . | 29.980 | Highest point of Thermometer, . . . | 82.0 |
| Highest point of Barometer, . . | 30.200 | Lowest point of Thermometer, . . | 49 0 |
| Lowest point of Barometer, . . . | 29.800 | General direction of Wind, . . . | W.S.W. |
| Mean Temperature, . . . . | 62.3 | Am't of Rain (inches), . . . . | 4.01 |

BOOKS AND PAMPHLETS RECEVIED.—Health, its Friends and its Foes. By R. D. Mussey, M.D., LL.D., late Professor of Anatomy and Surgery at Dartmouth College, N. H., and of Surgery in the Medical College of Ohio. Boston, Gould & Lincoln.—On Military and Camp Hospitals, and the Health of Troops in the Field. By L. Baudens, Inspector and Member of the Council of Health of the French Armies, &c. &c. Translated and annotated by Franklin B. Hough, M.D., late an Inspector of the United States Sanitary Commission. New York, Baillière Brothers.—Medico-Legal Contributions on Arsenic. By Charles H. Porter, M.D. Re-printed from the Transactions of the New York State Medical Society.—The Insertion of the Capsular Ligament of the Hip-joint and its relations to Intra-capsular Fracture. By George K. Smith, M.D.—An Address delivered before the Buffalo Medical Association April 1, 1862. By C. C. F. Gay, M.D.

DEATHS IN BOSTON for the week ending Saturday noon, June 21st, 85. Males, 45—Females, 40.—Accident, 1—disease of the brain, 4—bronchitis, 1—cancer, 1—cholera infantum, 2—consumption, 17—convulsions, 1—debility, 1—dropsy, 5—dropsy of the brain, 2—scarlet fever, 9—typhoid fever, 1—gangrene of the lungs, 1—gastritis, 2—hæmoptysis, 1—disease of the heart, 2—influenza, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 6—marasmus, 3—measles, 7—old age, 3—paralysis, 1—premature birth, 1—puerperal disease, 1—unknown, 9.

Under 5 years of age, 32—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 11. Born in the United States, 59—Ireland, 21—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SUCCESSFUL CASE OF OVARIOTOMY.

By William G. Breck, M.D., of Springfield, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. H., of this city, aged 39, mother of one daughter aged about 16. Her attention was attracted to the tumor about two years ago. On the 27th of December last, to relieve urgent symptoms, and partly for exploration, I drew off about three pounds of fluid. She had then been confined to her bed about four weeks. At this time her circumference at the umbilicus was 49 inches.

The operation was performed on the 8th of January, 1862. An incision was made from umbilicus to pubes, 8½ inches in length. About four ounces of ascitic fluid escaped. A large cyst was thus exposed, which was emptied by the trochar. An examination of the tumor disclosed adhesions about four inches in diameter upon the left superior portion, which readily yielded to gentle pressure of the fingers. The tumor was now held firmly to the opening, and incisions were made in the remaining cysts and their contents were forced out, presenting the usual fluid and semi-fluid variety. The tumor was now withdrawn, and the pedicle which was attached to the broad ligament upon the right side, about three inches in width, was transfixed and ligated in three separate portions, with a strong silk ligature enclosing the whole. The pedicle was now divided about one inch from the ligature. None of the fluid was allowed to escape into the cavity of the abdomen. The wound in the abdomen was closed by interrupted silver wire sutures, about one inch apart, and enclosing the integuments to a point as near as possible to the peritoneum, but not including that membrane. The pedicle was brought to the external surface of the abdomen, and a wire ligature passed through, holding it firmly in place. Adhesive straps were added to support the wall of the abdomen. The tumor and contents weighed thirty-four pounds—the solid portion about four pounds. The dressings consisted of a large piece of spongio-piline sufficient to cover the whole abdomen, frequently wrung out of hot water.

The patient recovered kindly from etherization, and there was but very little vomiting. Nothing but ice was taken by the mouth for six days. Enemata of beef-tea were freely given, and it is remarkable how readily hunger was appeased by its use. The bowels, which were freely evacuated before the operation, did not move for eight days. The catheter was used for the same length of time. The sutures were removed the fourth day, and the one holding the pedicle the tenth day, when the ligated portion came away. The wound in the abdomen healed kindly, and no untoward symptoms occurred during her recovery. No medicine was given. The fourth week she dined with the family, and the fifth week rode out. There was swelling of the right limb for a few weeks; to what it was due, I do not know. At the time of writing, now nearly six months, Mrs. H. is in excellent health. She informs me that she is now in better health than before the tumor presented itself.

The tumor, which was a multilocular cyst, and presented no unusual appearances, is in the Museum of the Massachusetts Medical College.

*June 24th*, 1862.

## CASE OF MALIGNANT PUSTULE.

[Reported to the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

By M. C. Greene, M.D., Boston.

January 23d, Thursday.—Miss M. A. P. called early in the evening and casually remarked that "she had a sore nose. She believed she was going to have a boil on it."

24th.—She went to school. Some of the teachers noticed a small, dark pimple on the end of her nose.

25th.—It stormed severely, and she did not go out.

26th.—In the morning she said she had slept but very little. in consequence of severe pain in the head, and wished she had sent for me the day before.

27th.—Had slept but very little, from pain in the head, and in the morning sent for me, the family with whom she boarded fearing she had erysipelas. Being unwell, I requested Dr. Bartlett to see her, who reported to me that "he feared it was a malignant pustule." The nose was swollen and purple, the swelling extending towards the left eye, and she had pain in all her teeth. He prescribed muriate of ammonia, in solution, to the face, and a Rochelle powder every four hours till the bowels were moved.

28th.—Had a very restless night; alone from 10 to 6, A.M. I saw her for the first time, and found her very restless, the nose much swollen and purple, with a central pustule, and a large number of small, honey-comb like cells encircling it, filled with pus. The left eye was closed, the right about half closed, and the swelling extended to the forehead. There was excruciating pain in the top of the head, the upper lip was swollen, and the voice tremulous; pulse 68. P.M.—The nurse reported two good dejections, but thought her not as well. As I did not feel able to see her, I wrote a note to Dr. Bartlett, requesting him to visit her. He found her pulse depressed, and ordered Scotch ale and beef-tea.

29th.—Dr. Bartlett saw her twice. In the morning, the nurse reported that in the night she had two involuntary dejections. The nose was about the same, and he directed a linseed poultice. The swelling extended to the forehead; the right eye was nearly closed, the left wholly; pulse feeble. Continued ale. In the evening, the symptoms were aggravated, and an opiate was given.

30th, morning.—I saw her with Dr. Bartlett. The patient had a tolerably quiet night from the opiate. She was very thirsty, calling for cold water, being not fully conscious. Nose, lips and face about the same as the day before; both eyes closed, and from the pustule a serous discharge; great distress in the throat, and excessive pain in all the teeth; pulse 120; more wandering. Directed tr. cinchon. comp. and ferri protoxid. Chloroform to the face. Brandy and beef-tea freely. Continued muriate of ammonia to the face.

In the evening, saw her again; symptoms aggravated; pulse 130; eyes seemingly protruding from the sockets. On separating the lids, I found she could not see with the left eye. At 4, P.M., in consequence of restlessness and pain, she had an opiate (morphia, gr. $\frac{1}{6}$), which produced a heavy sleep for about eight hours, with great difficulty of breathing.

31st.—Early in the morning I heard she was dying. About 10, she revived a little, and I was sent for. Found the swelling increased, especially at the angles of the jaws; face and neck purple; nose dark purple; severe pain in throat and head; excessive thirst; pulse 130; tremor and slight twitchings of the muscles; some delirium, but could fix her mind for a short time, so as to ask or answer questions. Continued stimulants freely. From 8, P.M., to 2, A.M., on Saturday, the nurse says there was no consciousness, and the patient was with difficulty kept in bed; continually talking, as if to her class in school. After 2, she was easily kept in bed, talked incoherently, and gradually sank until 7.20, when she expired.

The swelling of the face diminished from 2, A.M., until, at the time of death, it had nearly disappeared. For two or three weeks previous to the inflammation of the nose, she had complained of being feeble and almost unable to go to or return from school; also of a tightness across her chest; and had engaged a friend to take her class until the February vacation, that she might recruit. Her size was below medium, her weight never exceeding 90 pounds.

## THE CYSTICERCI OF TÆNIA IN MAN.

[Concluded from page 432.]

Experiments upon the transformation of cysticerci into tæniæ have been made on men. Kuchenmeister* caused a woman, sentenced to death, to swallow with her food, taken at different times during the five days preceding her execution, eighty cysticerci deprived of their caudal vesicle, of the species C. tenuicollis, C. serratus, C. solium. The autopsy was made two days after death. Kuchenmeister found in the duodenum four young tæniæ, all of which had one or two pair of tenacula. In one, the crown of tenacula was nearly complete. (The last cysticerci, thirty in number, had been administered twenty-four and twelve hours before death.) They were from four to eight millimetres long. In the water, after the intestines had been washed, six other tæniæ, without tenacula, analogous to the preceding, were found. All the cysticerci found appeared to have been damaged more or less by digestion. The result obtained was negative, or at least very doubtful. Experiments much more conclusive have been made by Leuckart and Humbert.

Leuckart† made experiments with the C. cellulosæ upon three men, one affected with phthisis, one with Bright's disease, also a third who took them voluntarily. With the first two, the result was negative. The third passed proglottides at the end of two months, at regular intervals; he had swallowed four cysticerci. A few doses of kousso expelled two tæniæ, $2^m$, 50 long. The head of one only could be found; still, no more proglottides subsequently appeared. This appears perfectly affirmative. The length of the tæniæ, and the time required for their development, conform with ordinary observations. Dr. Humbert (of Geneva) swallowed fourteen C. cellulosæ of the pig on the 11th of December, 1854. During the first days of March he commenced to pass fragments of tæniæ, that Professor Vogt, to whom he showed them, and in whose presence he had swallowed the cysticerci, considered as belonging to the T. solium. Not being able to free himself of the head of the tænia, he again passed proglottides in the month of May, 1856.‡

In a new experiment of Kuchenmeister's, upon a condemned criminal, decapitated the 31st of March, 1860, who had involuntarily swallowed, at four months and two months and a half before his death, cysticerci from the pig, the result seemed quite conclusive. At the autopsy, Kuchenmeister found in the intestine, eleven tæniæ, whose terminal segments arrived at maturity were partly detached; and eight other tæniæ which had not been completely developed. No cysticerci were found in other parts of the body.§ The deve-

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* Annales des Sciences Naturelles; Wiener Medizinische Wochenscrift, Nov., 1855.

† Leuckart. Die Blasenbandwürmer, Giessen, 1856, p. 53.

‡ Bertolus, Dissertation sur les Métamorphoses des Cestoïdes, Montpellier, 1856.

§ The species of tæniæ at present found in man are:—
The T. solium (Auct.) and T. nana (Bilharz), tenaculated.
The T. mediocanella (Kuchenmeister), not tenaculated.
The T. from Cape of Good Hope (Kuchenmeister), whose scolex is undecided.
The bothriocephali are only represented by one species (?), the B. latus (Bremser).

lopment of the tæniæ corresponds with the length of their abode in the intestine. The cysticerci ingested two months and a half before death could not be provided with perfectly mature segments, whilst those of four months ought to have been proglottic a month before.

All the species of cysticerci are not equally fitted to be developed and transformed into proglottides in man.* The cysticercus of the T. solium and the cysticercus (?) of the T. nana (as yet unrecognized) seem to be the only ones which enjoy this privilege. Probably there is no cysticercus of the T. mediocanellata, this being without tenacula.

According to Leuckart, a young medical man with impunity swallowed a large number of C. tenuicollis.

Nevertheless, considering that the ruminants, &c., only shelter the C. tenuicollis, if the tæniæ of man only came from the C. solium of the pig, it would be difficult to explain the frequency of tæniæ in the Abyssinians, who abstain from pork and the meat of the wild boar, and in those children nourished with raw beef or mutton for the purpose of curing diarrhœa. Thus Davaine† with great discrimination remarks, if beef which does not contain the cysticercus ladricus (C. solium) propagates the tænia, and if this last is developed in individuals who do not eat pork, then the cysticercus ladricus is not the scolex of the T. solium, or at least the T. solium still possesses another mode of propagation.

PROPOSITIONS AND CONCLUSIONS.—As yet, in man, no one has found existing at the same time cysticerci and proglottiferous tæniæ,‡ so that the cysticerci must come from an external source, from eggs or embryos very recently hatched, and very probably swallowed with drink or with rare-cooked meat.

When cysticerci of a volume so great that they cannot traverse the intestinal perforation made by the tenacula have been swallowed, and are attached to the wall of the intestine, their caudal extremity rests floating in the intestine, where they are developed and become proglottides.

When the embryos are just hatched and their small size permits them to enter the tissues, they pierce the epithelium of the intestine, and are in contact with the lymphatic vessels or the capillaries which they penetrate. Confined in the tissues, or arrested in the vessels which do not allow them to pass on, they determine by their presence an irritation, a local inflammation, accompanied by an albumino-fibrinous exudation. This becomes organized into connecting fibres, into a fibrous cyst which imprisons them, which, so to speak, cuts off their supplies, and in which they no longer receive a nourishment sufficient to become proglottides. Their ovules remain in a rudimentary state, become abortive, and partly form the kalkkörperchen (calcareous corpuscles) of authors.

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* Deutsche Klinik, No. 20, Berlin, 1860. Gazette Hebdomadaire de Médecine et de Chirurgie, No. 52, Paris, 1860.

† Davaine, Traité des Entozoaires et des Médicaments Vermifuges, Paris, 1860, p. 93.

‡ Stich, loc. cit.

The encysted tæniæ increase according to their age, but in a very gradual manner. Their tenacula increase in number and volume. Their caudal extremity distends with liquid, and rounds out, while the terminal cicatricule disappears. In proportion as they increase in length, they curl up on themselves, by invagination, in different ways according to their species.

The cysticerci now known form many distinct species, probably corresponding to certain species of tænia, possibly susceptible of degenerating the one into the other, according to the animal they infest.

At present the descriptions sufficiently exact of observations made on man refer to the following species:—1st, C. echinococcus; 2d, C. turbinatus; 3d, C. melanocephalus; 4, C. solium (cellulosæ); 5th, C. tenuicollis; 6th, C. serratus (pisiformis)? In a certain number of observations, the C. cellulosæ is probably quite identical with the C. turbinatus. The trachelocampyle is a C. turbinatus.*

Of these different cysticerci, the strobili of the T. echinococca, T. e cysticerco-tenuicolli, and T. serrata, all of which live in the intestine of the dog, are the only ones known. As to the T. solium, which lives in man, its origin from the C. solium has been well proved. Nevertheless, if the worms designated in observations under the name of T. solium belong to the same species, they do not derive their origin merely from the pig.

The cysticerci are generally disseminated in large numbers in the same subject, and are distributed in many organs. Rarely do they exist in small numbers. They are found in the cellular tissue and in the muscles. They frequently occupy the brain and pia mater; the eye, as in the sub-conjunctival tissue, &c., probably owing to the minuteness of the capillary vessels of these parts.†

In the same subject all of them have ordinarily the same degree of development, that is to say, they offer the same number of tenacula; they do not always have the same volume, according to the conditions more or less favorable for their increase and nutrition. Sometimes many of them are incrusted with calcareous salts and mummified.

They do not apparently interfere with the functions of organs, except when in great numbers, occupying a very important region, or attaining a considerable volume, as the echinococci.

The troubles which they occasion result: 1st, from their presence, by inflammation or by the many abscesses which in certain subjects they occasion; 2d, by their volume, by the pressing aside of tissues, by compression exercised on the organs, by disturbed functions resulting from the disorganization of organs. These troubles vary according to the organs in which the cysticerci are fixed, and do not differ from those which would be produced by a tumor, by an analogous inflammation or compression.

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* No observations exist of the cysticerci of the bothriocephali. The eggs or the embryos of these are probably swallowed with liquids.

† The echinococci are found in the same parts, and besides in the abdominal cavity, spleen, kidneys, especially in the liver, lungs, &c.

No disturbance may be noticed during life. Generally, the cysticerci are merely found by chance during an autopsy.

The cysticerci of other tæniæ than the T. echinococcus and T. cœnurus have generally the volume of a pea or bean; they rarely reach the size of a pigeon's egg, or about $0^{m}025$ in their largest diameter.[*]

Cysticerci remain imprisoned in the cyst which surrounds them. Each cyst never contains more than one individual. When the cysts are very numerous, two or three may be in contact.[†]

Arrived at a certain stage of development, and probably not receiving any longer the elements of a sufficient nutrition, they become incrusted with epidermic deposit and calcareous salts, die and mummify in the form of a free cretaceous mass in a cyst, in the centre of which may be found the remains of the tenacula. Their presence in organs situated deep in the interior of the body, which would offer the symptoms of irritation or of compression, may be suspected, but cannot be known during life, by any infallible sign, unless superficial tumors exist, in whose centres their existence may be proved.

The economy may be attacked by the tænia at any age, though principally at an adult age.

According to Uhde,[‡] cysticerci, when imprisoned in tissues, do not live more than one year; in the opinion of Stich[§], they live from three to six years. The duration of their life is probably yet longer.[‖] They remain alive many days after the death of the animal they inhabit.

Therapeutics are of no, or of very little avail when the cysticerci are lodged in the deeper organs; in superficial parts, where they are troublesome, they may be removed by incision. They are at times eliminated spontaneously, through the opening of an abscess.[¶]

We may administer, internally, saoria, an Abyssinian fruit (from the mæsa picta), tatzé (also from the same land), and moucenna. The decoction of saoria, which is very harmless to the economy in comparison with the other vermifuges (kousso, pomegranate bark, the root of the male fern, &c.), appears to me especially worthy of trial. It is also, according to Strohl,[**] the most efficacious preparation against the tænia when administered in a suitable manner.[††]

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[*] The observations which mention larger vesicles relate in general to echinococci.

[†] The echinococci and the cœnurus only are enclosed in a large number in a common vesicle.

[‡] Uhde. Cyst. cellul. Rud. in einem Tumor cysticus, Deutsche Klinik, 1851, p. 431.

[§] Stich, loc. cit.

[‖] There is a large number of cases in which tæniæ have remained a dozen years. They may live twenty, thirty, or even longer.

[¶] The echinococci, in regard to the volume they acquire and the trouble they occasion, give origin to certain chirurgical and therapeutic indications.

[**] Des principaux tenifuges, dans Gazette Médicale de Paris, 1854, p. 405.

[††] The treatment may thus be conducted:—

*First day.*—Abstinence of solid food.

*Second day.*—Saoria, three drachms, digested twelve hours in two and a half ounces of water. To be taken in three doses, at half hour intervals, with soup, panada, &c. The saoria at times causes decided colics and alvine evacuations. Light diet.

*Third day.*—Castor oil, six drachms, syrop tartrique, four drachms, in two doses at half-hour intervals.

It is tænicide; it has, like the tatzé and the moucenna, a destructive action upon the proglottides; by its influence the tænia dies and decomposes, while the other tæniafuges provoke merely the expulsion of the parasite. They cannot exercise any action upon the cysticerci imprisoned in their fibrous envelope, in the midst of the tissues of the animals they infest. The prophylaxis against cysticerci of tænia, against tænia and bothriocephali, consists in shunning the use of contaminated water, that has not been boiled or properly filtered, and the use of animal blood, raw or rare, underdone meat.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

April 28th.—*Spina Bifida in an Anencephalous Fœtus.*—Dr. J. Wyman exhibited a human fœtus, seven tenths of an inch in length, in which there was a deficiency of the cranial walls at the upper part, as in anencephalous fœtuses, and a spina bifida of the neck. From the rudimentary condition of the bones involved in the majority of anencephalous malformations, it is probable that this diseased state begins in early fœtal life, though but few instances showing it at this stage have been mentioned. Rokitansky and Vrolik regard anencephalism as analogous to spina bifida, beginning with hydrocephalus, followed by rupture and collapse of the cranial walls or sac. Rudolphi mentions a fœtus of the second month, with dropsy; Schrœder van der Kolk another, with a gangrenous spot on the summit of the cranium in addition, and Vrolik a third, in which the rupture had taken place. These appear to be the early stages of one and the same disease.

As in the spina bifida of the back, so of the cranium, there are many degrees; in some the sac is ruptured probably at an early period, when the base of the cranium is fully exposed, and in others it remains entire, protrudes from the cranial cavity, forming a tumor which may be more or less covered with skin. Between the two there is every gradation.

May 12th.—*Sloughing of the Labia after Measles.*—Dr. Warren reported the case.

The patient, a little girl, two years old, was brought to the hospital, March 24th, having had measles a fortnight previously. About the same time with the commencement of the disease, her mother noticed a small scab on the upper part of the right external labium. The next day great swelling of the external organs had taken place, to about the size of a tea-cup. The parts sloughed, and came away at the time of the patient's entrance, leaving a circular ulcer, 2½ inches in diameter, involving the whole of the external organs and portions of the neighboring integument. Poultices were applied, and the child was discharged, on the 28th, doing well.

May 26th.—*Large Gall-stone, passed from the Bowels.*—Dr. Hodges

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The parasite is often expelled on the second day in fragments. The same dose should be given on the eighth or tenth day, and with the same conditions. Though the head is not generally found, still the parasite is not reproduced, provided the fragments expelled were sufficiently near the head; that is to say, those whose width does not exceed two millimetres.

showed a large gall-stone which had been passed per anum, by a lady over 82 years old. The calculus is barrel-shaped, is 1½ inch in length, 1⅛ inch in thickness, 3¾ inches in circumference, and weighs 4 drachms, 1 scruple and 3 grains. It was sent, with two smaller ones, to Dr. Hodges by Dr. Francis Collamore, through Dr. Millet, of Abington.

In a letter to the Secretary, Dr. Collamore states that the patient was suddenly attacked with severe pain in the epigastric region, one morning after breakfast. The pain was followed by nausea and vomiting. The symptoms continued for six days, gradually diminishing. On the afternoon of the seventh day, while at stool, she had terribly severe pain and pressing-down in the rectum, terminating in the discharge of the large calculus, which was followed by the other two. She then had two or three large discharges from the bowels. After this, she convalesced rapidly. The patient had neither severe pain in the right hypochondrium or right shoulder, nor severe rigors.

June 9th.—*Lead Palsy.*—Dr. Borland reported the case.

The patient was a young woman in the Channing Hospital. At entrance she was anæmic, and in a condition analogous to that of a person suffering from paralysis agitans. She could not sit up in bed, or extend her arm fully; her face was thrown into active convulsion, so that it took her some seconds to get control enough to articulate a monosyllable. There was no marked trembling of the tongue. The gums were very spongy, and edged with a deep blue line, and the breath quite foul. There was no special affection of either flexor or extensor muscles of the arms; she had never had marked colic; her mind at first was stupid. She had been a workwoman, and had been in the habit of drinking much water drawn from a tank lined with lead. She had done this constantly for perhaps five months, but the exact time is uncertain. No other girl in the room was affected to anything like the same degree.

She was treated by active purgation and then by iodide of potassium. Improvement was steady as long as the bowels were kept open; but if they were constipated for a day or two, she at once began to lose ground. At the end of about seven weeks she was discharged well. The paralysis had subsided, and the gums were fresh and healthy. Some anæmia still remained, for which she was advised to try change of air.

June 9th.—*Observations on Dust.*—Dr. J. Wyman gave an account of some observations which he had recently made on the different kinds of bodies found in the dust deposited from or floating in the atmosphere. The dust examined was either obtained from an attic, where it had collected on the floor, or from plates of glass covered with glycerine and exposed to currents of air. The organic matter detected with the aid of the microscope consisted of various fragments of both animals and plants; viz., of minute fragments of vegetable tissues, such as woody tissue, spiral ducts, cuticle, of simple, jointed, or stellate hairs, fragments consisting of a few cells of the tissues of leaves, pollen, &c. A few starch granules, resembling those of wheat, were occasionally found, and gave the usual iodine reaction. In the dust taken from the attic of Harvard Hall, at Cambridge, over one of the lecture rooms, occupied for several hours each day by students, human cuticle and epithelium scales from the mouth were frequently detected. The lecture room and attic communicate freely by means of a large ventilator.

In addition to the above, there were found, but less frequently, various kinds of spherical bodies, some of them spores of cryptogamous plants, and others resembling the eggs of some of the smaller invertebrate animals. They were all provided with a well-defined cyst, which enclosed granules or cells, varying very much in size and appearance in different specimens. Dr. Wyman was unable to identify the larger part of the bodies in question, but in one instance the spores of a confervoid plant were detected. As these were found before the confervæ were beginning to be developed, it is probable that they were derived from the plants of the preceding year, and carried about by the winds after the drying up of the stagnant waters, in the latter part of the summer and autumn. Some of the bodies resembling eggs appeared to contain an early embryo, but he could not refer them to any particular species.

From among the different kinds of spores, one was especially interesting from its resemblance to pus and mucus corpuscles. It would be difficult to point out the difference between the two, and one might readily be mistaken for the other. This circumstance was of some importance in connection with the recent attempts in Germany to detect the presence of pus in the atmosphere, and by its presence to explain the transmission of certain forms of disease.

The existence of a large number of the spores of cryptogams in the atmosphere gives a probable explanation of the transmission of some of the different kinds of Algæ and Fungi which infest the bodies of man and animals.

The subject of the existence of organic forms in the atmosphere has been largely investigated by Pouchet, Quatrefages and Pasteur.

June 9th.—Dr. Cabot reported the following cases.

I. *Gangrene from a Shell-wound.*—"Sergeant Ploughman, while on duty in the trenches before Yorktown, was struck on the outer part of the thigh, above the centre, by a fragment of shell weighing 1 pound and 10 ounces, which passed in front of the bone and close to it, without breaking it, and lodged just in front of the femoral artery, on the inside of the thigh. A fold of the great coat was carried in with it, and I believe the fragment of shell was withdrawn on pulling out the coat. There was but little, if any bleeding. The wound was received in the latter part of the night, or early in the morning, and the patient was brought to the hospital at about mid-day. I was absent at the time, and Dr. Parks received him, and, upon examination, found the wound stuffed with lint and bandaged. Upon removing the dressings, he found the wound dry and apparently clean. The patient had a feeble pulse, and was still under the effect of the shock. Dr. P. administered an opiate and stimulant, brought the lips of the wound together with adhesive straps, and applied a roller bandage.

"When I returned, in the evening, I visited the patient, and finding a good, strong, but rather rapid pulse, and not much pain, I did not disturb the dressings, and directed that the treatment, viz., stimulants and opiates, should be continued, *pro re nata*. Towards morning the watch called me, and said that the patient was suffering a good deal, and that the limb was swelling. Thinking that the swelling was from commencing inflammatory action, and that the pain was due to the consequent tightening of the bandage, I directed that the bandage should be loosened, and that the opiate should be increased in quantity. Upon visiting the patient, between 6 and 7 o'clock the next morning, I found him almost pulseless, the whole limb, from the groin and crest of the ilium to the toes, enormously distended with gas, the scrotum as large as the head of a fœtus, and the whole as resonant upon percussion as a tensely inflated bladder. The patient was unconscious, muttering, and seemed about to die. I immediately gave him half a pint of wine, and in the course of half an hour, the pulse having improved somewhat, I removed the dressing, and upon opening the wound a gush of fœtid gas escaped. I then applied a large compress wrung out in hot water over the wound, being careful that the lips should not be pressed together, and then a roller bandage from the toes to the groin. I had a large sinapism applied over the abdomen and chest, and gave carbonate of ammonia, brandy, &c., with directions that they should be continued, which directions were most faithfully carried out by Dr. S. C. Hartwell, who spent the whole morning at the bedside of the patient, until about 1, P M., when, finding that all hope of arousing vital action must be abandoned, no farther attempts at treatment were made, and the patient died at 3, P.M., about 36 hours from the reception of the wound.

"The obvious explanation of the most interesting and important feature of this case is, that the excessive contunding action of the missile by which the wound was caused produced complete death in the parts against and through which it passed, and those dead tissues being subjected to the conditions most favorable to decomposition, viz., warmth and moisture, that process commenced immediately, generating great volumes of putrid gas, which, besides putting the whole cellular tissue of a large portion of the body violently and rapidly upon the stretch, produced by its poisonous and deleterious influence a powerful depressing effect upon the whole system. On reflecting upon this case, it seemed to me that the surest way by which a like result might be prevented, would be by the application of a powerful stimulating astringent to the internal surface of such a wound, and that the perchloride or persulphate of iron would be the most fitting agent for that purpose; that it would tend to arrest any hæmorrhage, it would stimulate the neighboring parts to increased vital action, and would coagulate all albuminous fluids, and thus encase the decaying tissues within a sac impervious to gas or putrid fluids. Subsequently, acting upon this reasoning, I employed the persulphate of iron in several cases, and I believe with excellent effect."

II. *Bullet-wound of the Larynx.*—"A private in the 1st regiment of the Excelsior Brigade, N. Y., was brought to the Seminary Hospital at Williamsburgh, on the day after the battle. A bullet, probably from a rifle, had struck just upon the upper left side of his larynx; passing downwards and a little backwards it had passed out at the junction of the lower and posterior part of the larynx with the upper portion of the trachea, making a small opening in the œsophagus. The patient was suffering from great dyspnœa, which was increased and accompanied by distressing cough, whenever liquids were swallowed, so that he did not dare to take food or drink, except in very small quantities, and when urgently pressed by thirst or hunger. The symptoms increased in severity with the increase of inflammation and swelling. On the morning of the third day, I found that the pulse was small, quick, irregular, the face sub-livid, the dyspnœa intense; in short, that death by asphyxia was imminent, and decided that tracheotomy would give him the only chance. Having no tracheotomy tube, and not being able to procure one, I made a wire cage or tube after the method recommended by Marshall Hall, viz.: having got some enamelled wire off from an old machine which the rebel surgeons had used for mixing liniments with, I bent it in a series of loops, then bending each loop outward slightly, I bent the whole so as to form a cage. Upon cutting down, just over the upper part of the trachea, I found the parts so shattered and displaced that it was impossible to find the way into the trachea below, and while trying to find it, the man ceased to breathe. I immediately and rapidly prolonged my incision downwards, and opening the trachea below, admitted the air, and after some pumping of the arms and chest, I had the satisfaction to see his breathing re-establish itself. There was some bleeding, which was arrested by a free application of persulphate of iron. The cage answered its purpose very well, and when I left the patient at Fortress Monroe he was still breathing through it, as no such thing as a tracheotomy tube could be had for love or money. I should have mentioned that, after the operation, food and drink escaped by the wound and no longer produced cough. Free suppuration had become established in the track of the bullet, and in the cellular tissue around it. The patient had a good appetite, bore his food well, and had but little fever, notwithstanding the discomforts and fatigue of a long, tiresome transportation, without many appliances for comfort, even for the well. I have not heard what the result has been, but thought that the case was sufficiently interesting to be worth reporting, even in its imperfect state."

June 23d.—*Spina bifida, in the form of a pendulous Tumor, which was successfully removed.*—The case occurred in the practice of Dr. Elisha Huntington, of Lowell, from whom the following report was received:—

"The child was born on the 4th of January, at the full period, well developed, and well formed externally, excepting the tumor and a slight varus of one foot. The tumor hung, like a pendulous polypus, from over the vertebral column, and about on a line with the crest of the ilia. It had a peduncle, which was about a foot in length, and about as large as the little finger, but enlarging somewhat just before it joined the body of the tumor. This last was nearly the size of two fists, of a rounded form, but tapering towards the peduncle, fleshy to the feel, and fluctuating, but not tense; the surface had the smooth, shining appearance, and there was the absence of cutis, that is seen in spina bifida. Upon the peduncle the cutis was well developed, and it terminated abruptly where the body of the tumor began. Immediately after the birth of the child, a ligature was applied to the peduncle, as near as possible to its origin, and it was then divided; but the ligature slipped, and there followed a hæmorrhage which was very nearly fatal. It did well, however, and it has continued to thrive until the present time (May 20). The peduncle being found to have a large central cavity, a catheter was passed into it, but not into the body of the tumor, and a few teaspoonfuls of clear serum escaped, which, on being heated, coagulated to the degree of solidification; a ligature was then applied to prevent any further escape. At first there seemed to be a considerable deficiency of bone at the origin of the peduncle; and for the first two months the cicatrized surface bulged out quite perceptibly when the child cried. The opening, however, has gradually contracted, and an irregularity of surface is now only to be felt upon pressing down upon the vertebræ, the remains of the peduncle being about $\frac{1}{4}$ of an inch in length."

The specimen, which is in the Museum of the Mass. Medical College, was shown by Dr. Jackson. The cavity of the tumor contained a little dirty fluid, and was lined by a serous membrane; parietes varied from $\frac{1}{4}$ to $\frac{1}{2}$ inch in thickness, and many cysts were exposed upon the cut surface, the intervening tissue being lax but tough. The long peduncle had shrunk to $2\frac{1}{2}$ inches in length, and, having been cut open throughout, its inner surface presents no appearance of a lining membrane, but rather that of common integument. The cavity of the peduncle was about $\frac{1}{6}$ to $\frac{1}{4}$ of an inch in diameter, and with considerable difficulty a small probe had been passed down into the cavity of the tumor. The opening into this last was about where the tumor began to taper towards the peduncle; and it was not direct, but just within the orifice of another adjoining canal, that was about $\frac{3}{4}$ of an inch in length and large enough to admit a probe about two lines in diameter. Upon the inner surface of the peduncle, and closely connected with it, by a lax cellular tissue, are two or three quite large nerves and a large bloodvessel, which were gradually lost within the tapering portion of the tumor; the hæmorrhage above referred to being thus explained.

Dr. J. said that, so far as he is aware, the above is an unique case of spina bifida.

June 23d.—*The existence of a posterior Fontanelle exceptional.*—Dr. Jackson said that this supposed opening in the skull was, he believed, generally described by anatomists as something that is to be compared for size to the anterior fontanelle, and writers on midwifery certainly treat it as a matter of some practical importance; on which last account he was inclined to refer to the subject. Humphrey (on the Skeleton) was the only author quoted; and he says, speaking of the two fontanelles, "The hinder of the two is the smaller, and is closed a few months after birth." Dr. J. said that, many years ago, he had his attention directed to this subject, and, though he could not speak from figures nor even from notes, he had examined many crania, and the following were his general conclusions:—that the posterior fontanelle is generally closed in the mature fœtus, and occasionally some weeks earlier; that, when it exists, it is generally an insignificant affair, and should not be described in connection with the anterior fontanelle, still less in comparison with it; and that, though it varies in size when it does exist, it can never be said to be a large opening. Dr. J. thought the mistake arose from the heads and not the crania of new-born children being examined; the upper extremity of the occiput being stiff and unyielding, and the adjoining portions of the parietal bones so far the reverse that there is thought to be a deficiency of bone; secondly, from examining crania that had been stuffed out, as they were being dried, so as to cause a separation of the bones. It was one of the errors, he believed, that, having been long established in the books, was now passed easily, and without challenge, from one author to another.

# Bibliographical Notices.

*Researches and Observations on Pelvic Hæmatocele.* By J. Byrne, M.D., M.R.C.S.E., Resident Fellow of the New York Academy of Medicine, &c. 8vo. Pp. 44. New York; William Wood.

The substance of this interesting pamphlet is a paper which was read by the author before the New York Academy of Medicine in February last, and which has recently been published by their order. Since it was read the author has had opportunities for fuller investigation, and now presents the matured results of his labors in this very carefully prepared *brochure.* The subject is one of much interest, and this essay should be in the hands of every one who undertakes to treat cases involving so much responsibility. The rareness of the disease, the obscurity of its character, the not infrequent difficulty of diagnosis, and the comparatively recent period within which it has engaged the pens of medical writers, all give interest to any original contribution to its history and etiology. Dr. Byrne has done his work with most praiseworthy thoroughness; and his conclusions as to the seat of the effusion, based on his dissections and abstract reasonings, impress the reader as being most sound and reliable. We cannot follow the pamphlet from beginning to end, but leave that for our readers to do. The following are some of the results to which the author has been led:—

> "The lessons which this and similar experiments teach are, first, that although a lateral position of the tumor will always denote its sub-peritonæal character, yet, the fact of its being central and occupying the whole posterior part of the vagina does not, by any means, prove the contrary; and, secondly, that the position, size, or shape of the swelling—though, *if intra-peritonæal, always central* both above the brim as well as in the vagina—possesses but little, if any, value as a guide to differential diagnosis.
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> "There are, among others, two interesting and highly instructive facts observable in connection with the occurrence of pelvic hæmatocele: *first,* that, of all the subjects in which this peculiar disease has yet been noticed, and whose cases have been properly authenticated, married women, and especially those who have been pregnant or borne children, constitute at least four fifths; and, *secondly,* that unmarried females, or those whose sexual organs have not been subjected to excitement, or physiological changes other than we know to attend the menstrual function, amount to a fractional portion, only, of the whole. Without dwelling on the importance of these facts as corroborative of views already set forth, it may not be amiss to notice a few reflections naturally occurring in this connection.
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> "Though, after parturition, the uterine sinuses contract, and vessels imbedded in the dense stroma of that organ are supposed to resume their original size and condition, yet it by no means follows that the utero-ovarian 'thin-walled veins *without valves*'* possessed of little or no contractile power, and surrounded by loose cellular tissue, should undergo a similar change. Indeed, it would seem more probable that *permanent dilatation of these veins,* more or less, *is a necessary consequence of pregnancy;* and if the ovarian vessels, in that condition, bear any analogy to those in the lower extremities, which never resume their original size, nor disappear but by obliteration, it is evident we must look here for the only true predisposing cause in all cases of sub-peritonæal hæmatocele, and which, as I before intimated, may safely be put down at 80 per cent. of the whole."

We will add that the author is an urgent advocate of the treatment of pelvic hæmatocele (a name well suggested by him as more comprehensive than any heretofore applied to these cases) by early puncture. He is quite as strongly opposed to injection of the cavity from which the fluid has been evacuated. For his arguments on these important points we must refer our readers to the pamphlet itself. It is handsomely printed, and illustrated by several instructive wood-cuts.

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* Kolliker's Manual of Human Histology, page 257. Syd. Ed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 3, 1862.

The present war is likely to contribute in many ways to our knowledge of the diseases and injuries incident to warfare under the peculiar circumstances in which our troops are placed. The influences of climate, season, character of the food, nature of the clothing, &c., will all come under the eye of numerous competent medical observers, and we look for very interesting and valuable results, when the sum of this extended range of observation shall have been consolidated in a condensed, practical form. We are glad to see that the Government has taken the initial steps to secure the collecting together all the recorded results of the experience of all our army surgeons for this very purpose. A great deal of valuable observation must undoubtedly go unrecorded, except as it shall appear hereafter in the writings of men whose memory shall furnish a daguerreotype of what their hands were too busy at the time to take note of. So overworked have been the army surgeons and those in charge of the extemporized hospitals in the neighborhood of our large armies, that it could not be expected that any proper record of professional experience from day to day could always be kept. Nevertheless, there must be much which will be gathered up for the guidance and instruction of those to come after us. Among other important results we hope to have very valuable contributions to our knowledge of the effects of anæsthetics, as administered in their various forms and combinations, the comparative safety with which different agents may be employed, the precautions to be taken to secure immunity from the fatality which has in civil life so frequently made chloroform a doubtful blessing, and the most efficacious means to neutralize the alarming symptoms so often produced by it. From the formula of supplies furnished to army surgeons by our Government, as given in Dr. Tripler's handbook, we gather that chloroform is the only anæsthetic placed in their hands. Sulphuric ether has been given by State Governments in some instances, we believe, to the regiments from their own States, and we hear of both chloroform and sulphuric ether being used in some of the hospitals of the Peninsula. We sincerely hope that we shall have honest, unprejudiced reports of the observed results of the use of these agents. If the statements of European authorities as to the complete safety with which chloroform was employed in the Crimean war are to be relied upon, sulphuric ether may at once be given up as altogether a superfluity. But we confess we cannot believe these statements in their wholesale assertions. There must have been many instances of unreported deaths in the field or in the trenches, where the very circumstances of the case made it absolutely impossible to record the fact that chloroform was the fatal agent; without taking into account the indifference or the reticence of those who would not take the trouble or did not wish to preserve evidence of so disagreeable a character. In the interesting work of M. Baudens, Medical Inspector of the French Army in Corsica, Italy and the Crimea, just published in an English form by Baillière Brothers, New York, are some interesting remarks on this subject. Some of our Boston readers, by the way, will remember the statements made here not long since, with a good deal of confidence, that the French Army in the Crimea used a mixture of chloroform and sulphuric ether for anæsthetic purposes. M. Baudens sets that question at rest. It is somewhat amusing to observe how ready European writers are to keep out of sight the fact that the use of anæsthetics in surgery is an American discovery, and to attach to the employment of a particular agent the whole value of this great blessing. At the same time that France gives credit to one of her sons for it, Great Britain recognizes Prof. Simpson as the great discoverer of anæsthetics as represented by chloroform; while the great fact, which lies at the basis of the application of all such agents, is without doubt an American discovery. It is noteworthy, too, that chloroform itself was made in the United States by an independent experimenter at about the same time that it was in Europe. The following are some of the passages relating to this subject in M. Baudens's valuable work, which we propose to notice more fully hereafter.

"In the Crimean war, surgical science was first aided by a recent discovery due to the researches of M. Flourens, and which until then had not been used on the battle-field. We allude to the anæsthetic action of chloroform, whose wonderful effect in relieving the terrible pains of the wounded, has been often useful in healing their wounds. Its use permits us to trim wounds, mortal in appearance, which the surgeon would not have ventured to treat with so much energy, for fear of exciting new sufferings. These wounds, being thus treated, become less painful, and sometimes we are astonished at their unexpected cure. * * * *

"By subduing pain, chloroform gives a calmness and mental tranquillity to the wounded, very favorable to healing. It deprives the traumatic fever of an excess of re-action, often caused by the anxiety of the patient. Before the discovery of this precious agent, some soldiers, it is true, endured amputations without a groan. I have seen an Arab continue to smoke his pipe, while I took off his arm; but this paroxysm of courage, gained by a great exaltation, fell some days after into a nervous depression, so much the more dangerous on account of the stoicism which had sustained him. * * * * * *

"We know that, in great operations, death ensues oftener from nervous prostration, consequent upon excess of suffering, than from hæmorrhage. It is the same with animals. M. Claude Bernard observed that, in laying open the spinal column, in experiments upon rabbits, they always died at once, unless they had previously been rendered insensible by chloroform.

"But used imprudently, this agent, while it takes away suffering, may also take away life. It shares this sad privilege with the most potent remedies; taken in large doses, they are for the most part poisonous, and kill instead of curing. The danger may perhaps be certainly avoided, by observing certain rules, and especially by not pressing the inhalation to its extreme limits. This extreme limit is, in my opinion, when in accordance with the precept laid down for several years, we pass the stage of *insensibility* and reach that of *collapse*, and a complete muscular prostration. This condition is reached when a limb is lifted up and falls like a mass of dead matter; for then, life almost borders upon death, it has retired to the vital centre, placed by M. Flourens in the medulla oblongata, at the origin of the eighth pair of nerves, which absolutely control the function of the heart and lungs. To approach this point, is rash temerity; to reach it, is death. * * * * The physicians of the army of the East were of this opinion, and administered chloroform with great prudence, stopping at the point of insensibility, and never intentionally exceeding it. They had therefore no fatal accidents to deplore, although in the campaign of the East this agent was employed at least thirty thousand times. In the Crimea alone, it was administered to more than twenty thousand wounded, according to the estimate of M. Scrive. The physicians of the Sardinian army, at the beginning of the campaign, hesitated to use it, but the success of our surgeons soon gave them confidence in its efficacy. Henceforward we may have a steadfast confidence in chloroform, and thank Providence for having allowed human skill to invent an agent that can suspend pain.*"

THE subject of constipation is one of such general interest that we feel no apology is necessary for printing the following somewhat lengthy extract from a letter in the London *Medical Times and Gazette*, giving Prof. Trousseau's methods of treating it.

TREATMENT OF CONSTIPATION. By M. TROUSSEAU.—The patient should endeavor to void the bowels daily at exactly the same hour, when he should, for a considerable time, make strong efforts to obtain the desired result; and if these should be unsuccessful, he should desist until the following day. If, on the second day, in spite of fresh efforts, no evacuation should be made, he should immediately take an enema, first with cool, and afterwards with cold water. On the following day the same efforts must be renewed, and if they should still prove ineffectual, the patient must again wait till the next day, when another enema is to be taken if no evacuation takes place. The repetition of such endeavors always made at the same time of day, has generally the effect of not only causing desire to relieve the bowels, but actual relief in the natural way.

"Another remedy is the suppositorium, which, especially for males, is easier to apply than the enema. Suppositoria of butyrum cacao are, in the majority of cases, sufficient; those made of soap have a still more energetic and certain action, but the best are those made of honey, hardened by boiling. These ought to be of the size of a small pigeon's egg; if they are slightly moistened they may be introduced into the rectum with great ease, and rarely fail to produce a rapid evacuation; but they, as well as the enemata, ought only to be employed if, after two consecutive days, vigorous efforts have not had the desired effect.

"The most favorable time for operating in this manner is the morning. It is then least troublesome, and every one can, immediately after getting up, devote a longer time to such experiments than later in the day. Nevertheless, it is a fact that the desire to empty the bowels is more strongly felt just after a meal; either because the accumulation of food tends mechanically to expel the superfluous residue, or because—and this is the more likely reason—the new digestive action causes preparatory muscular contractions in the whole intestinal canal. The local adjuvants ought, however, in this case, not to be employed.

"Concerning the diet, the most certain means of overcoming constipation is to partake more largely of vegetable than animal food. Raw fruit and herbs are chiefly useful.

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* The English surgeons, in the Crimea, employed chloroform very generally, and McLeod considered their confidence in its efficacy greater than among the French. One well established fatal case occurred from its use, while a great number of operations were successfully performed which would have otherwise not been attempted. The *morale* of the wounded was better sustained, and the courage and comfort of the surgeons increased. Its moderate use was not found to result in depression, but on the contrary it often supported the strength of the patient under the operation, and it was never more successful than when used immediately after the injury, before the constitution had begun to suffer from the nervous irritation liable to follow a wound. It acts more rapidly upon persons who have lost much blood, and hence more care is necessary in such cases.

"To cause diarrhœa is not to cure constipation, but to substitute one disease for another, and vegetable diet is only useful if well supported. Certain aliments taken from the animal kingdom, such as milk, have, upon a large number of persons, a slightly laxative effect; milk may, therefore, always be employed, if it agrees with the stomach. Coffee with milk is, for many persons, a powerful remedy for constipation, and the same is the case with tea. Amongst beverages, beer and cider are the most suitable for costive people. Many want to go to stool at once after taking a large tumbler-full of cold water before breakfast. Bran bread, made of three quarters of flour and one quarter of coarse bran, also greatly facilitates the action of the bowel. Many persons only find relief if they smoke a pipe or cigar immediately after a meal; and although it is not very ladylike to smoke, M. Trousseau nevertheless frequently advises ladies to try little cigarettes, if no other hygienic measures are able to overcome constipation.

"Belladonna is a great favorite of M. Trousseau's in this affection. He prescribes one centigramme (about $\frac{1}{6}$ of a grain) of extract, and as much of powder of belladonna, to be taken in the morning. After five or six days, two pills are taken, and four or five are the largest dose; but, whatever may be their number, the pills ought always to be taken at one time. If the evacuations have become regular, this medication must be discontinued, in order to give the bowels the opportunity of acting without help.

"If belladonna should not have any effect, a teaspoonful of castor oil should be prescribed at the same time, and in order to render this more palatable, it may be taken in gelatinous capsules. The intestine being prepared by the belladonna, the oil has a rapid action. The dose may be repeated once or twice a week, if necessary.

"There are, however, cases in which all the remedies just named prove ineffectual, when it becomes necessary to employ purgatives. These are extreme remedies, useful and even indispensable, but which must be used with much prudence and care. Generally speaking, the saline purgatives ought to be avoided; these have a rapid, nay, almost instantaneous, but only temporary action; for after their use, the intestinal secretion, for a moment over-excited, is, as it were, dried up; just as certain rapid salines act upon the mucous membrane of the mouth, where they at first produce an abundant secretion of saliva, but leave behind dryness of the mouth and thirst, which are in proportion to the primary effects caused.

"It is better to have recourse to drastic purgatives, especially aloës, extract of colocynth, gummis gutti, and extract of rhubarb; these are the pills (says M. Trousseau) so extensively used by the English. M. Trousseau gives the following prescription:—℞. Aloës, extr. colocynth., extr. rhei., gi. gutti, aa 1 grme (15 grains); extr. hyoscy., 25 centigrammes (about 4 grains); ol. æth. anis., gtt. ij. M. ft. pilulæ xx. One, two, or even three pills should be taken every second or third day, and all at once, whatever may be the quantity taken. They ought to produce an easy, natural, semi-diarrhœic evacuation. Hyoscyamus prevents colics, and acts, moreover, in the same manner as belladonna.

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SURGEON-GENERAL'S OFFICE, June 5, 1862.

The Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses in General Hospitals (only), the following rules and instructions are published for the information of all concerned.

REGULATIONS FOR THE HOSPITAL CORPS OF THE UNITED STATES ARMY.

The men of the Hospital Corps will receive each $20.50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the Medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the Army in Hospitals, cooking, or any other duties with the sick at the discretion of Medical Officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll-calls the chief of the squad will answer for the rest to the Hospital Steward, who will thus learn the number of vacant beds in each ward, and all other particulars concerning the condition and wants of the hospital, which he will report to the Medical "Officer of the Day." The term of the service of the Hospital Corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a Descriptive List to go with the nurse.

The senior Medical Officer in charge will make a monthly pay roll of the Hospital Corps similar to Form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest Medical Disbursing Officer.

Surgeons in charge of General Hospitals, when so authorized, may make contracts with persons for such service according to provisions set forth herein.

WILLIAM A. HAMMOND, SURGEON-GENERAL.

NOTE.—It is hereby enjoined upon all medical officers that they shall not avail themselves of this special authority of the War Department without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the commanding officer must approve. In such exceptional cases, the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that his permission be given to continue the employment if the necessity still exists.

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*Surgeon General's Office, Washington June* 9, 1862.

"It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

"The Medical portion of this work has been committed to Assistant-Surgeon J. J. Woodward, United States Army, and the Surgical part to Brigade-Surgeon John H. Brinton, United States Volunteers.

"All medical officers are therefore requested to coöperate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries, as may be of value for this work, for which full credit will be given in forthcoming volumes.

"Authority has been given to both the above-named gentlemen to issue, from time to time, such circulars as may be necessary to elicit the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

"It is scarcely necessary to remind the medical officers of the regular and volunteer services that, through the means in question, much may be done to advance the science which we all have so much at heart, and to establish land-marks which will serve to guide us in future.

"It is, therefore, confidently expected that no one will neglect the opportunity of advancing the honor of the service, the cause of humanity, and his own reputation. WILLIAM A. HAMMOND,

"*Surgeon-General U. S. A.*"

PREVENTION OF HYDROPHOBIA.—The Paris correspondent of the *British American Journal* states that a communication was lately presented to the Academy of Sciences, by M. Renault, on the subject of hydrophobia, by which it appears that this disease has of late been more prevalent than formerly in France as well as in this country. The tax on dogs, which was introduced for the purpose of diminishing the number of these animals, has had but little effect, as in Paris, where the average number was about 60,000, the tax has only reduced the number by 6,000. A more effectual method has been the muzzling of all dogs when at large, and the immediate destruction of any showing hydrophobic symptoms or which have been bitten by other dogs. This has also proved the only effectual method in Prussia, where the dog tax had existed since 1829, but with a rapid increase of cases of hydrophobia, until, in 1854, an order for the permanent muzzling of all dogs going at large was issued. The effect was at once perceptible, as manifested at the Veterinary School of Berlin, where 68 cases of hydrophobia were received in 1852, 82 cases in 1853, and an average of 28 cases a year from 1845 to 1853 inclusive. In 1854 only four cases occurred; in 1855 and 1856, but one each year, and since then, M. Renault states, *there has not been a single case* of hydrophobia in Berlin. He also states that the restraint caused by the muzzle has not tended to develop madness in the dogs.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, JUNE 28TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 32 | 38 | 70 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 36.1 | 31.0 | 67.1 |
| Average corrected to increased population, | .. | .. | 75.3 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 15 | 0 | 2 | 7 | 3 | 0 | 3 | 2 | 2 |

PAMPHLETS RECEVIED.—Wounded Trachea. Diseased Bronchial Gland. By J. R. Boulware, M.D., Albany, N. Y.—Conservative Surgery, with a List of the Medical and Surgical Force of New York in the War of the Rebellion, with a brief notice of the Hospitals at Fortress Monroe and White House. By S. D. Willard, M.D., Albany.

DEATHS IN BOSTON for the week ending Saturday noon, June 28th, 70. Males, 32—Females, 38.—Abscess, 1—disease of the brain, 2—bronchitis, 2—cancer, 1—colic (bilious), 1—consumption, 15—convulsions, 2—croup, 2—diarrhœa, 1—diphtheria, 2—drowned. 1—dysentery, 3—scarlet fever, 7—typhoid fever, 2—gastritis, 1—disease of the heart, 2—infantile disease, 3—intemperance, 1—disease of the liver, 1—inflammation of the lungs, 3—marasmus, 1—measles, 7—puerperal disease, 2—scalded, 1—disease of the spine, 1—suicide, 1—unknown, 4.

Under 5 years of age, 33—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 4. Born in the United States, 55—Ireland, 12—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# CASES IN COUNTRY PRACTICE.

By John Ellis Blake, M.D., of Middletown, Conn.

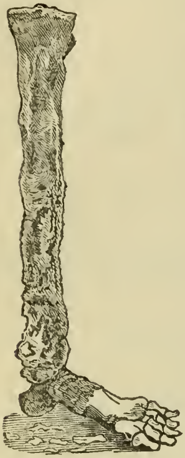
[Communicated for the Boston Medical and Surgical Journal.]

## No. V.—Disease of the Bones of the Leg and Foot.

On the 14th day of September, 1861, J. G. T., a young man of about 26 years of age, presented himself at my office, having extensive disease of the bones of the left leg. From the knee to the ankle there were everywhere fistulous openings, which led down to dead bone, and from which, as he said, "several pieces of bone had come away, from time to time." The ankle-joint seemed completely anchylosed. The patient was evidently very much run down by the exhaustive discharge, having well-marked hectic symptoms, with night sweats, &c. In view of the extensive nature of the disease, and the feeble state of the patient, it seemed to me that amputation promised more than any conservative operation. The proximity of the disease to the knee decided me to go above that joint.

The patient was put upon a tonic and alterative treatment, with generous diet. I operated upon him about a month after I first saw him, when I judged him to be in a fit condition. The amputation was done by the circular method, in the usual way. The first incision, however, was made a little lower than I have commonly seen done, sweeping over the lower point of the patella, so as to save the integuments of the knee-joint, with the idea that this part of the skin of the leg being made, by nature, more extensible than the rest, and better fitted to sustain pressure, would be well adapted for the covering of the stump. An examination of the limb, after its removal, revealed more extensive disease than had been supposed by any one to exist, and the bones of the leg and foot, nicely prepared and mounted upon a stand, make as good a pathological specimen as I have ever seen of the kind. A large photograph of the parts was taken, which shows exceedingly well some points to which I should like to call attention. The subjoined wood-cut, though somewhat rude and imperfect, must here suffice for illustration.

There was no fistulous opening leading to the knee-joint, and no appearance of disease showed itself there or below the ankle-joint; yet the head of the tibia and all its articular surface were found soft and spongy, and the os calcis and all the tarsal bones in the same diseased condition. The proximal heads of the metatarsal bones were carious, but the remaining portions healthy, and with the phalanges are shown white and sound in the cut. The internal malleolus remains in the form of a delicate ring, the whole central portion being eaten out. The fibula (not shown here) is firmly united to the tarsus, and what remains of the bones about the ankle-joint is in one piece. There is an evident natural effort to make the fibula supply the place of the diseased and weakened tibia, as bone is thrown out from it as though to fill the inter-osseous space and increase its power to support the weight of the body. The specimen shows the effects of both caries and necrosis. Yet both these diseases are so common in the practice of every surgeon, and the amphitheatre of any hospital furnishes so many specimens of bone affected by them, that I should not have deemed this case worthy of record but that the amount of disease was shown after amputation to have been so much greater than would at first sight have been supposed. The foot *looked* well enough, and there never had been any symptom to call attention to the knee-joint, though there was a fistulous opening pretty near it. Under these circumstances, with a healthy fibula, why might not a surgeon have been tempted to remove the diseased portion of tibia, and thus avoid amputation? I am not sure that had not the patient's general health appeared to me such as to forbid any such attempt, I might not have thought of it. Dissection shows that any such procedure could only have resulted in bitter disappointment to both operator and patient.



I am glad to add, in conclusion, that the young man is now healthy and well. He recovered without a bad symptom, has regained his flesh and strength, and the stump looks as though it would be good and serviceable.

## Bibliographical Notices.

*Health: its Friends and its Foes.* By R. D. Mussey, M.D., LL.D., Late Professor of Anatomy and Surgery at Dartmouth College, N. H., and of Surgery in the Medical College of Ohio; Fellow of the American Academy of Arts and Sciences, &c. &c. Boston: Gould & Lincoln. 1862. 12mo. Pp. 368.

The heading of the 23d chapter of this work is: "My own Experience." We had, long before reaching this last but two chapters of the volume, given to it this same title. Is it not the record of the experience of a life which was—which is—and which, beyond 80 years, still promises to be? The author has had experience, fair experience, of the various modes of living or of sustaining life. Thus, he drank alcohol in its various forms, or disguises, when it was deemed hospitable to offer them, in the forenoon, for instance, as well as at dinner; and harder, when it was discourteous to decline them. He had his fifteen-gallon barrel of strong beer in his cellar when a teacher in a country medical school. He was in no sense an *outsider*, one of the most perilous positions for a man beginning life—that is, when it proclaims itself from the house-top, and rejoices in martyrdom if it only be noisy. Our author tried the beer, and the rum and water, with a little sugar to help it over the unaccustomed tongue—and wines of various vintages, but one after another of which he gave up, as they not only did him no good, but much harm.

The following extract from Chapter XXIII. is in too close connection with our author's personal physical history to be omitted:—

> "I was born on the 23d of June, 1780, in Rockingham County, New Hampshire. From my father, a country physician of respectable standing for his time, I inherited a dyspeptic stomach. He had a small farm, and the family were trained upon a mixed diet, such as was common among the cultivators of the soil in that neighborhood. Our bread was made chiefly of a mixture of rye flour and Indian corn meal, and fermented. Wheaten bread was a rare article with us, as the soil of our region was less adapted to the cultivation of wheat than the other grains. When milk was scarce, we often had bean porridge for breakfast and supper, and sometimes the rare treat of chocolate for breakfast. All along in my boyhood, I was subject to headache, with a sensation of burning at the pit of the stomach. The headache and burning were aggravated after meals. When I was in college, and afterwards, during my professional study, being provided at the boarding-houses with wheaten bread (and coffee and tea not strong enough to do much harm), I found my stomach and head less troublesome, although by no means exempt from the occasional recurrence of the symptoms mentioned."—P. 339.

Such is the key-note of our author's life and mode of living.

The question arises, how far was this physical life the consequence of hereditary idiosyncrasy as a remote cause, and the direct product or result of the youthful dietary? One can hardly believe that such could have been the food of any respectable physician's family, at any time of our history. But the time was not favorable to a very refined *cuisine*, it being about the middle of the revolution, and it may represent country living at all times. We do know that to this day our rural districts, especially the remoter, live quite as plainly—that is the word—as did their forefathers and foremothers. Meat—as salt pork and salt beef—forms a more frequent article at all meals than seems to have been the case in our author's family. The hard-working farmers and their families of the country are better able to dispose of their rough fare than are children, and comparatively sedentary men; and their children live through such fare by virtue of their inherited vigorous organizations, and the rough and tumble discipline of their earlier days of self-motion. The children are sent to school for a few months a year only, and often have a walk of a mile or more to reach it. A very good elementary education is got in this way, and additions are easily made if desired.

Our author, after a careful study of the effects of food and drink upon himself, gave up the use of all forms of alcohol, and of animal food. He became satisfied that for him, however his physical antagonism to such articles of diet had become his portion, total abstinence was not only temperance, but the only means or condition of health or life. The question arose, "if such excellent consequences have followed in my own case from this mode of living, may they not be alike useful to others?" As a physician in very large and general practice, he had opportunities of putting this question practically, and the answers were satisfactory to him. His book is rich in illustrative and sustaining facts. He found that alcoholic drinks, which in popular opinion have become celebrated for their curative agency in pulmonary consumption, produce only temporary benefit. There may be increase of strength, and even of flesh. But these are temporary changes of condition only, which in a few months give place to what existed before. The strength fails, the flesh disappears, the cough returns, and death may happen sooner than if the disease had not been suspended by whiskey. Our author prefers vegetable and mineral tonics and stimulants to any form of alcohol; and this whether such remedies are demanded by chronic debility, simply, or for that condition which sometimes follows acute disease, in which convalescence is not progressive, but halts, as if about to give birth to morbid processes which may result in incurable disease.

Our author assumes vegetarianism to be the natural state of man in Paradise, or vegetables to be his natural food. First, on the authority of Genesis; second, on the form and adaptation of the organs employed in preparing the food for digestion and nutrition.

> "No intimation was given that animal flesh should form any part of his food. It was not till after the flood that permission was given to eat flesh. . . . . . Now why was this permission given, if it was not fitting that it should have been granted in Paradise? We know of no reason except that assigned by our Saviour in reference to the Mosaic permission for men to put away their wives; it was because of the hardness of their hearts."—Pp. 177, 178.

Many questions arise. Whence came the *hardness?* or, whence the *permission?* There was an organic law determining the diet in Paradise—organization obeying that law, or made in harmony with it. Did the *permission* to change the diet override both organs and laws, or was the organization modified? Second:

> "The whole alimentary apparatus in man and the orangs is strikingly alike. . . . . If a mixed diet induces disease and shortens life in the quadrumana, should we not look for a similar effect from it in man? What was an orang, a chimpanzee, or a gorilla made for? In reply it may be asked, for what more probably than to present to man a standing attestation to the truth and the value of the dietetic lessons given him in Paradise; to demonstrate to him that an animal with an organization like his own in relation to food, may subsist exclusively on the eatables granted to himself in Eden, and yet enjoy enduring health and an adequate amount of activity and strength."—P. 175.

There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.

Final causes have always seemed to us the most embarrassing subject in our philosophy. It is a labyrinth into which he who enters has little more to do than to try to get out—having this thought ever pressing itself upon him, that the farther he goes on, the less is his progress.

Our author cites Cuvier, who says that "apes are the only quadrumana in which the hyoid bone, the liver and the cæcum exactly resemble those parts in man"; Mr. Lawrence, that the structure of the whole alimentary canal is very much alike in man and the monkey kind. The orangs have the appendix vermiformis, which the others have not. The inference is that in all the immediate instruments of digestion the human structure closely resembles that of the simiæ, all of which in their natural state are completely herbivorous—ergo. But Prof. Meyer has done more, for he has discovered "that in all the vegetable-eating tribes the anterior tubercula quadrigemina are larger than the posterior, while in the flesh-eaters the posterior are the larger. In man the anterior, as is well known, are larger than the posterior."—Pp. 176, 177. The office of these tubercula, so extraordinarily rendered in the vernacular, is at length discovered. But, the why?

In the 25th and last chapter, our author treats of the length of life. Notice is taken of the operation of hygienic agencies in prolonging life—as air, light, exercise, clothing, bland and unirritating food, and "a drink made in Paradise, made right at first, neither requiring nor admitting of narcotic or alcoholic admixtures."—P. 361. To the meek, inquiring mind, questions may arise as to the precise nature of this drink made in Paradise—what it was, if it may be found, and where. Our author alludes to the great age of men and women before the flood, and its probable causes. It is commonly believed that life was then more youthful and perfect; that these men were giants, of incredible strength, and a most astonishing duration of life—that Adam was 900 yards in height, and lived about 1000 years. But a wiser philosophy explains the old history of human monstrosities. Hensler has proved, with the highest probability, that the year, till the time of Abraham, consisted only of three months—that it was then extended to eight, and not till the time of Joseph did it consist of twelve. Some eastern nations to this day reckon three months to the year. In Abraham's time, the year was eight months. He lived, according to Jewish history, 175 years; Isaac, 180; Jacob, only 147; Ishmael, a warrior, 137. Sarah, the only woman of the ancient world who told her age—all others agreeing with modern ladies in reticency on this very delicate subject—lived 127 years; Joseph, 110. Moses, who complains that man's life is only three score and ten, lived to 120. Looking at all these facts—and what facts more interesting—the age of Methuselah is reduced to 200 years; not very much exceeding the ages of Jenkins and Parr. Our author's inference that the shortness of life now may have much to do with our food and drink, would seem to be somewhat disturbed by the revelations of modern *research*, or history, which the latter word in its original means.

We have read our author's work with much pleasure. It is earnest, having great plainness of speech, which in such books is true eloquence—and to the author's mind, is the authoritative power of truth. It is personal experience, strengthened by the relative, making, to the author's conviction, an appeal to all men which may not be resisted. If there be egotism in a system which has its corner-stone in personal experience, is not this much lessened by correlative experience—the egotist being lost in the author, and especially when the object is to make the world wiser, happier, better? This volume presents several and various aspects. One is its philosophy, or the substitution of facts for fiction. Second, theory, or schemes, or plans lying in the mind, but which, however honestly there, are to become philosophy before they can command assent. Third, practice—the application of principles to practical, every-day life. This last is the hardest office of the teacher, both in regard to himself and his disciples.

*"If to do were as easy as to know what were good to do, chapels had been churches, and poor men's cottages princes' palaces. It is a good divine that follows his own instructions. I can easier teach twenty what were good to be done, than be one of the twenty to follow mine own teaching."*

So spake the great master of the human heart and human mind. Our author is a *good divine.* He has achieved a Herculean labor. He has *followed his own instructions.* It will be no fault of his if those he would teach prefer their own dinners and breakfasts and suppers to his. And they must not complain if they do not, on their feed, get beyond 80, as he has—write as pleasant and useful a book as he has, or deserve as well of posterity as he does.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

June 9th.—*Gun-shot Wounds.*—Dr. Warren reported the following cases which had lately come under his care.

I.—*Bullet split by coming in contact with Bone.*—An occurrence very common with the ordinary spherical bullet, is to split on coming in contact with bone. The following interesting case occurred at the battle of Bull Run :—Lieut. Burd, of the 4th Maine Reg., a gentleman who before the war had distinguished himself by some discoveries in telegraphic communication, was struck on the left side of the os frontis with a round ball, and was supposed by his comrades to be mortally wounded. He was made prisoner, and taken to Richmond. A projection was felt under the scalp, about four inches from the wound in the integuments, and an incision made over it, from which half of the bullet, with a highly polished cut surface, was removed. He remained seven months a prisoner at Richmond, during which time the wound in his forehead continued open, and suppurated freely. He was troubled with some uneasiness in the head, and by occasional headache. On his arrival at Fortress Monroe, after his release, this discharge still continuing, the wound was examined by Dr. Cuyler, U. S. Army, the distinguished surgeon at that post, who, on investigation, discovered a metallic substance deep in the wound. This was skilfully extracted, and, as the patient states, a small portion of brain escaped at the time. On examination, the extracted body proved to be the other half of the ball, flattened on both sides, and having imbedded in it a portion of the skull. On the next day, a piece of the inner table of the skull, which had been driven before the ball into the brain, was also extracted. After removing these substances, the wound healed.

The patient afterwards came under Dr. Warren's observation, and remained for some time in delicate health.*

Dr. Fox, of the Naval Hospital at Chelsea, showed Dr. W. a case in which a ball penetrated in the middle of the arm, and was cut out over the scapula. In its passage it struck the edge of the scapula, cutting the ball nearly in halves, and flattening it out in this position.*

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* The ball was exhibited to the Society.

In almost every instance that Dr. W. had met with, when the round ball encountered bone, it was either flattened, or if it met the edge of a bone, as of the jaw, or rib, it was cut in halves.

II.—*Gun-shot Wound in the Neck.*—At the battle of Bull Run, a man was struck in the neck, just behind the angle of the jaw, over the point of bifurcation of the carotid artery. The shot being fired from below, the ball penetrated in an upward direction, and struck the edge of the jaw, and was cut in two by it, a portion of the bullet remaining in the neck. The other, a larger part, passed through the base of the tongue, and carried away a portion of the alveolar process of the upper jaw, escaping through the cheek. The hæmorrhage from the wound was at first rather profuse, but was checked by pressure with a handkerchief, and did not recur. The wounds healed kindly, but an abscess formed in the neck, which was opened, and portions of lead and spicula of bone were removed from it. After one or two abscesses of this kind had formed, he recovered.

III.—*Gun-shot Wound in the Leg.*—A man, 27 years of age, was hit by a bullet on the inside of the left leg, about its middle. The ball passed through the tibia, producing a compound fracture of the bone. The fracture united after a very long time, as also the wound of entrance. The wound of exit, however, remained open, and when Dr. Warren saw him, eight months after the reception of the injury, was of the size of a half dollar, and had an unhealthy look, resembling ephithelial cancer. The edges of the wound had already been dissected up, in the hope of relieving tension, and producing a healthy state of the wound. Dr. W. determined to dissect out the entire ulcer, which was done. In the centre of the wound, and between the bones, a black substance was discovered in an encysted state. This was at first thought to be powder, but was afterwards explained by the patient stating that, when in Richmond, on account of a sloughy condition of the wound he had been in the habit of sprinkling it with charcoal, some of the granules of which had been covered up, and retained there. The wound, after the operation, took on a healthy action, and is now well.

IV.—*Gun-shot Wound through the Os Calcis.*—The following case exemplifies the very slow way in which wounds of a spongy bone take on the healing process. Richard Roe, a private in the 1st Reg. Mass. Volunteers, was struck by a ball in the left heel, the ball passing round the os calcis, and coming out on the other side. The enemy were firing up from a hill, a little below. Shortly afterwards he exposed the other foot, when another ball struck him in exactly the same spot on that foot, passing through the os calcis. He was carried a prisoner to Richmond, where he was under the care of Dr. Charles Bell Gibson, of the Confederate Army. Inflammation was so extensive, and the pain so severe, that he at one time requested Dr. Gibson to amputate the foot, which he very properly declined to do. The patient came under the care of Dr. W. about six months afterwards, having regained his liberty. On probing the wound, Dr. Warren discovered a large bit of detached bone. The wound was enlarged, and a portion of bone the size of a chestnut removed, and the bone, which was rough in one place, made smooth. After this, the wound gradually healed, so that at one time he could use the foot in walking. It then became inflamed, and again began to discharge. Dr. W. advised him to enter the Hospital two months after the first operation. The bone was now exposed by a large incision, and the whole interior of the cavity excavated with a chisel and drill. The mouth of the aperture in the bone was made much wider than the interior. In April, 1862, nearly nine months after the accident, the wound was again nearly healed, but still painful if he attempted to walk upon it, and it was difficult to say whether he would recover without the removal of the whole bone. The rest of the foot was in a perfectly healthy state. At the present moment, June, 1862, the wound has contracted to a small point, there is a serous exudation from it, and he is able to walk about on it.

V.—*Gun-shot Wound in the Thigh—no trace of the Ball at first to be discovered.*—Major S., while gallantly commanding at the head of his regiment at the battle of Newbern, received a ball in the upper, and front part of the thigh, about two inches below Poupart's ligament. The whole regiment, at the time, were in the advance and were exposed in an open field, in a reclining position, firing on the enemy, who, in return, were firing down upon them from breast-works. He felt a blow on the leg as if from a stone, and was not aware that he was wounded, until, on removing his coat, he saw the blood flowing freely. He went on giving his orders until he became faint, and was taken to the rear. The wound being probed by the surgeon, was found to extend in a direction downwards and inwards for three or four inches. The ball could not be fonnd in the wound, nor could any trace of it be detected elsewhere. The only sensation he felt, in addition to a general want of power in the limb, was that of slight numbness in the calf of the leg, and a soreness in the foot. Perfect rest of the limb was enjoined upon him, and shortly afterwards he was brought home in a transport vessel with other wounded soldiers. Dr. Warren saw him in company with his physician, Dr. Charles Gordon, about three weeks after the date of the injury. An excavated ulcer, of the size of a quarter of a dollar, marked the situation of the entrance of the ball. Underneath it, in the cellular membrane, was a deposit of lymph, which, on being moved to and fro over the muscles, gave at first the sensation of the presence of a ball at that spot. A small pin-hole in the centre, from which issued a serous fluid, at first seemed to confirm this view ; the history of the wound, however, was opposed to it. A probe being gently pressed into the opening, encountered no foreign substance. The patient, being of fine physical development, and quite free from fat, the contour of the various muscles was strongly marked. A careful examination was now made of the whole limb, commencing at the toes and going up to the groin, making such manipulations as to leave no one of the muscles or intermuscular spaces unexplored. Not the slightest pain could be produced or induration felt, to mark the presence of the concealed bullet. Finding no trace of the ball, it was decided to allow the patient to use the limb. On first making an attempt to stand, he found much difficulty in doing so, both from the stiffness of the wound and from the disuse of the limb, but being supported by two persons, and making an effort, he was gradually enabled to move around the room. Dr. W. advised a continuance of this exercise, in order that he might regain, as soon as possible, the power of the muscles, and with the hope that the muscular action would bring the ball from its hiding place. This proved to be the case, for in about a couple of weeks a hard movable substance, which felt like half a sphere, was found travelling up the limb. The bullet, it was hoped, would follow up the track of the wound; but it was soon discovered that it was very movable, quite under the rectus muscle, and could not be distinguished at all when this muscle was contracted. After arriving under the old wound, it was thought possible that it might rest there; but it was found that its disposition was upward, towards the groin. Major S. being very desirous to get rid of it, and rejoin his regiment, decided to have it removed.

The ether being given, the patient was placed on a table, with the light from above, and an incision was made through the skin, cellular membrane and fascia, and the muscle uncovered. No cicatrix could be found further, as a guide. The ball was now fixed by an aid, and the muscle carefully cut through, a vessel that ran across it being tied, so as to prevent any deep-seated effusion of blood. The ball, from its constant disposition to change its position for an inch or more, caused some embarrassment. The ball was felt to be resting on the bone. It was now fixed by two fingers in the deep wound, and the muscular fibres over it cut, and its blue color was seen through its delicate investing sac. It was necessary to divide this in several directions before it could be pushed out with a director. It was a round bullet, flattened on one side, as if it had struck the bone and then glanced down the limb. The bone, not denuded, could be felt beneath. The wound was brought together by adhesive straps, and a cold-water dressing placed over it. The most rigid quiet of the limb was enjoined. The limb on the following day was sore and swollen, and on the fourth day an absess formed in the situation of the sac which contained the bullet, and discharged itself through the wound. By continued rest of the limb, and absence of muscular motion, any effusion of pus under the muscle was prevented. The patient is now rapidly recovering.

In the present instance, and in one or two similar ones, no tenderness in the track of the ball pointed out the course which it had taken, and this fact is important, as the want of sensibility in the track taken by it is occasionally given as an argument that it has not entered at all. As before stated, a pain was felt in the calf of the leg, at the time the wound was received, also a numbness of the foot, and soreness about the ankle. The former disappeared after a time, but the soreness of the ankle continued uutil the extraction of the ball.

VI.—*Gun-shot Wound from a Conical Bullet in the Calf of the Leg, carrying in the Clothes.*—Lieut. C., of the 2d Mass., whose Regiment had fought during the whole day, as rear guard in retreat, the day before the battle of Winchester, and probably saved the army, arrived in front of that place at 12 o'clock at night, having marched 35 miles without food, their drink being the muddy water of the roadside. Lieut. C. had charge of the picket guard for the night. At 4 o'clock in the morning the battle commenced, and lasted four hours, when finding themselves in danger of being surrounded, the order for retreat was given. The Regiment formed in regular marching order, and marched down the hill into Winchester, regardless of the enemy in full pursuit, who were firing into them. Lieut. C. was in command of the rear Company, in fact the last person bringing up the rear. He received at this time a shot in the gastrocnemius muscle, the sensation of which was as of a violent blow with a club, which knocked him down. He attempted to rise, but after stumbling a few steps, fell headlong. By this time, fortunately, the Sergeant of his Company perceived his situation, and being a man of great size and strength, took him in his arms, carried him about two hundred yards into the streets of Winchester, and deposited him in the only ambulance wagon that happened to be there. A number of other wounded men were also put into the same wagon, some of them lying upon him. He contrived to put his head out of the front of the vehicle, so as to get air, and in this position, with a man lying on his wounded leg, remained until they arrived in Williamsport, on the following morning, some 16 or 24 hours. He was so completely pinned to the spot, that he was unable to sheathe his sword, which lay drawn by his side, just as he was placed with it in the ambulance.

On the passage through Winchester, a torpedo, apparently thrown at the ambulance, and which if it had penetrated, would have destroyed all the wounded within, struck the head of a man with his arm in a sling, and having hold of the shaft, within two feet of Lieut. C., blew it to atoms, scattering his brains over the wagon. A woman also fired a shot out of a window at them. After passing through the town, they still remained a mark for the enemy's bullets, but very shortly the further pursuit appears to have been stopped. Late at night the ambulance arrived near the borders of the Potomac, where a great rush of wagons was attempting to cross the river. The wounded would have remained in this position the whole night, the frightened wagoners absolutely refusing to move, had it not been for the untiring energy of Gen. Banks, who passed the whole night on the right bank, superintending the passage of the troops, and who ordered off the wagons and passed the wounded across. On the afternoon of the following day Lieut. C. had his wound examined. It was found that the ball had penetrated at the outer and upper part of the left leg, going through the belly of the gastrocnemius muscle, lying down in the vicinity of the great vessels, and its course stopped by the bone. It had carried in with it a patch of the trowsers and the drawers, which were of thick knit woolen, without tearing them. From the swelling of the wound the whole of this plug, nearly as large as the cork of a quart bottle, had been completely wedged into it, so as only to be withdrawn by free incisions. The wound remained quite painful for a few days, until suppuration had commenced, and now, after the lapse of a month, is slowly healing, and the patient getting about on crutches. The leg is somewhat bent, and cannot easily be placed on the floor on account of the contraction of the injured muscle.

The case is given somewhat in detail, to show to what extent the soldier is exposed, independently of the danger from his wounds. That a young man, scarcely 18, should be able to march 35 miles with his regiment, constantly fighting, and without food, keep guard all night, and engage in a battle lasting four hours the next morning, be wounded, and while suffering and bleeding lie 36 hours with a man on his swollen limb, and nothing to sustain him, except on the second day a swallow of whiskey given by a woman who saw his head hanging out from the ambulance with his pale and fainting appearance, shows how much the human frame will bear when assisted by spirit and determination.

VII.—*Comminuted Fracture of the Elbow Joint; Excision.*—A man, 25 years of age, entered the hospital a week after the battle in front of Richmond, having received a ball directly through the elbow joint.

There was no great pain nor irritation about the wound, not much, if any, suppuration, and his appetite was good. The wound of exit was the same as the wound of entrance. The only application had been cold water. As the wound was offensive, a poultice was applied. In a few days some irritation was manifested, and a number of bits of bone were removed. In another week, the pain coming on again, with inflammatory symptoms, the patient was etherized to allow of a more full investigation, which could not be supported without. It was now found that all the bones composing the elbow were broken, the condyles being loose, and the fracture extending quite up the arm. The two wounds were now connected by an incision across the back part of the joint, and the elbow joint excised, comprising, at least, three inches of the humerus.

VIII.—*Bullet Wound in Leg, leaving no trace of its Course.*—Gen. D. was wounded in the battle before Richmond, by a ball which struck him on the outer side of the tibia. A probe penetrated about an inch. The bone was denuded, but no soreness indicating the track which the bullet could have taken down the leg was to be discovered.

IX.—*Bullet Lost in the Leg.*—A man entered the hospital who the day before had received a wound in the upper part of the calf of the leg, from a gun in the hands of a comrade. It had been probed for some depth, but no ball found. It had disappeared in the direction of the foot, where a shock was felt, as if it was paralyzed, at the time. No trace of the ball could be found, and no soreness of the limb except at the orifice of the wound. He was discharged, able to walk well, the third day.

X.—*Wound in Chest from Grape Shot.*—A man, 28 years of age, was brought into the Hospital on account of a wound in the thorax received a week before at the battle of Newbern. The ball, which was an iron one, weighing six and a half ounces, struck him as he was in a stooping position, in the left axilla, wounding the fleshy part of the arm, which was in contact with the side. It forced in the ribs, probably ran between the skin and the parietes of the thorax, and made its appearance under the skin of the sternum, where it was cut out. The ribs were broken at this spot at their junction with the sternum. The lungs were wounded, and he expectorated blood. In what manner the wound in the lungs was produced, it was impossible to say—whether by the ball, or the fractured ribs. When he entered the hospital, no tenderness or ocular appearance indicated the track of the ball, so that it could not be said whether it had gone through the chest, or had run along on the outside of the ribs. The wound in the axilla healed rapidly, that on the sternum very slowly. There was no fistulous opening left, and no discharge of bone. The patient recovered slowly, his principal symptom being great debility.

XI.—*Bullet in Pelvis.*—J. Y., aged 18, received two balls at the battle of Williamsburg. One struck him on the upper and back part of the left arm, and went behind the bone, coming out in front of the chest. The other entered an inch above a line drawn midway between the trochanter major and middle of the sacrum, in the left hip, and disappeared there. He was disabled, though not in great pain at first. A week after, he was seized with the most excruciating pain in the course of the sciatic nerve of that side. He was taken to Baltimore, from which place he was brought on to Boston by steamboat and railroad, being carried always in his father's arms, to lessen the jar from the motion of travel. I saw him about ten days after the reception of the wound. His left limb was drawn up, and he could not make the slightest movement, without severe pain. A probe passed into the wound penetrated three inches, when a hard substance was encountered. Whether it was bone, or the bullet crushed against the bone, could not be determined. The following day I had him removed to the hospital, and made an exploratory examination under ether. The external wound being enlarged, the finger passed through the gluteus maximus, under which was a cavity. Still farther on, through a narrow space, the pelvis was reached, and a smooth opening which appeared to be the sciatic notch. On the inner side of the notch was a hole, through which the ball had penetrated into the pelvis, the spicula of bone lying loose in the neighborhood of the sciatic nerve. These were removed. Another smooth cavity, which would hold an ounce of fluid, had been formed under the deep muscles. A probe passed easily two-thirds through the pelvic cavity without encountering the ball. Water dressings, and a poultice afterwards, were put on the wound, and the patient is much relieved by the operation. The principal cause of irritation appeared to be the fragments of bone lying on the great nerve. The situation of the ball does not appear.

XII. *Bullet Lodged in the Corpus Cavernosum.*—Dr. Warren said he was invited by his friend Dr. Fox, Surgeon of the Naval Hospital at Chelsea, to see the following interesting case and operation. On 30th May, 1862, a man, about 30 years of age, while engaged in a boating party during our late fight in Florida, was fired upon by a party from shore. One bullet passed through the left leg near the calf, and was cut out on the opposite side. Another struck him at the outer and upper part of the same limb, passed through the thigh, emerging near the root of the scrotum in the fold of the thigh. It then entered again near the same spot, where it disappeared, and he heard nothing farther from it for the time. The accident took place about the middle of April. He returned home, and came under the charge of Dr. Fox. Latterly the ball was discovered at the root of the penis in the corpus cavernosum of the left side, from which place it has gradually worked over to the right. The man has had no difficulty in urinating, and no pains during erection. The point of the bullet, which was a Minié one, was towards the body. It was firmly held by the fingers, and then cut down upon. The skin was first divided, then the strong fibrous covering of the carvernous body, and although the incision was quite free, the foreign substance resisted the use of ordinary forceps, the elastic force and suction of some of the tissues operating to prevent its extraction. The wound being now held well open, a pair of bullet forceps were introduced, and the ball slowly extracted as if from a bed of India rubber. There was no violent rush of blood from the erectile tissue, but a slow-continued discharge as from a large vein. This was controlled by means of a sponge, and bandage. A gradual suppuration, with apparent elimination of the sac formed around or pushed before the foreign body, followed, and the patient is now recovering in the most satisfactory manner. The case is interesting from its rarity, and for the practical facts which it teaches in regard to the danger from interference with the erectile tissue, which at first would appear likely to be more considerable.

XIII.—*Molar Tooth lodged in the Tongue.*—A man, about 20 years of age, entered the Hospital about ten days after the battle of Williamsburgh, having received a wound from a bullet which struck the right side of the lower jaw, and passed out through the upper lip. The jaw was shattered, and when he entered the Hospital, there were purulent deposits connecting with the neck externally and the mouth internally. The patient was etherized, and the wound being explored, bits of bone were found everywhere buried in the substance of the cheek and the surrounding soft parts. These were extracted, and the wound healed rapidly. Some weeks afterwards, he presented himself at the Hospital with a swelling in the tongue, the edge of which had been wounded by the bullet, and which, until lately, he had been unable to protrude. On examination, a hard body was found imbedded in the substance of the organ, which on being cut upon, proved to be a molar tooth which had been knocked out of the jaw and buried in the tongue.

XIV.—*Extraction of Bullets.*—Dr. Macleod, in his valuable notes on the Surgery of the war in the Crimea, makes the following remarks on the Extraction of Balls, which we may be pardoned for appending. "Few questions connected with gun-shot wounds have given rise to so much discussion and diversity of opinion as that with reference to the *extraction of balls.*" . . . . . "If we examine into the opinion of surgeons on this point, we find that nearly all those who look on the extraction of the ball as a secondary point, are civilians; while military surgeons place great weight upon its accomplishment. The true way of putting the question is, not whether balls may remain in the body without causing annoyance, but whether they do so in so large a number of cases as to warrant non-interference." . . . . "In this country we have not many opportunities of obtaining extensive information on the point as connected with the subsequent history of men with balls remaining unextracted, but such information is supplied from the Hôtel des Invalids of France, by M. Huntin, the Chief Surgeon to that magnificent establishment. He tells us, that while four thousand cases had been examined by him in five years, only twelve men presented themselves, who suffered no inconvenience from unextracted balls; and the wounds of two hundred continued to open and close till the foreign body had been removed." "Before a ball becomes encysted, it may set up grave inflammation which will mat togther and embarrass parts; press upon bone, and perhaps cause exfoliation; ulcerate bloodvessels, and so irritate nerves as to occasion affections as severe and fatal in their results as tetanus. It is somewhat remarkable that in the wounded who came under my care, two died of tetanus, in the very small number of instances—four or five at most—in which I could not find the ball. If this was a mere coincidence, it is the more curious. Gravitation, and muscular motion, may so change the position of a ball, that from a harmless site, it may be removed to one of much danger. It may thus work into a cavity, and cause fatal results." "It seems, then, the teaching of experience, as it is of common sense, that whether the question be viewed as one bearing immediately, or remotely on the result—on the *cure* of the patient, in the proper acceptation of the term—we should, as soon as practicable, ascertain the position of the ball, and remove it, along with any other foreign body which may have been introduced with it, always supposing that by such a proceeding we do not cause more serious mischief than experience shows the presence and after effects of the ball can produce."

# Army Medical Intelligence.

Savage's Station Hospital, June 21, 1862.

*To the Surgeon General.*

Dear Sir,—Yesterday we sent off all the patients from this Hospital, in order to have it clear as a depot for the wounded in the impending battle, the forerunners of which we hourly hear in the scattered thunders along different parts of the lines, shelling the rebels out of the woods in order to advance still nearer to the holy Mecca of the Southern Confederacy, as well as gather from daily balloon ascensions high above the sacred groves of Virginia. We had over three thousand (out of about seven thousand killed and wounded at Seven Pines) pass through our hands at this place. More than half of the balls extracted by me (and I had charge of the principal operating tent, with a corps of surgeons to assist) were round; but the buck-shot, three of which I believe are always attached to each ball, seldom pierced the skin. After so much has been said, I need not refer to the straight line which the conical ball *usually* takes, the fearful destruction and shattering of the bone as well as tearing of the soft parts, nor to the meandering course of the round ball and the ease with which a bone will turn it aside without breaking. We used nothing but conical balls, and know how much greater must have been the mortality among the rebel wounded than among our own. I assisted a South Carolina surgeon in taking care of about thirty wounded prisoners. I found only one ball in them; the rest all went straight through. This one was shot in the fore-arm, near the elbow, the ball passing down and wedging itself fast between the lower extremities of the radius and ulna, so that it required great force to extract it, as well as judicious management.

But I found several of our men only slightly wounded, and some not at all even, by their conical balls, owing either to inferior powder, or long range, the ball having first passed through a small tree, hitting something on their person, or from some other cause to me unknown. The trees on some parts of the field are hit all over, from the ground to seven or eight feet up, and several three or four inches in diameter were felled by musket balls alone. Several patients brought to me were saved by sheet-iron vests, one by a small, round, tin-cased mirror in his vest watch-pocket. I showed him that he was unhurt, when to his great joy he straightened up, looked for a moment, seized his sword, and in a minute more was flying to his regiment, which was then in the hottest of the fight. This was also a round ball, and he thought surely he was shot through the chest. I had another to-day, 5th Michigan, on picket, shot by a conical ball in the belt plate, carrying away a large portion of the U. S., but it was able to glance it from his body, though it went afterwards through his arm about three inches below his elbow.

And this reminds me of some cases to illustrate the all-absorbing interest which men take in a fight or on picket, especially in the murderous, barbarous manner in which picketing is here done. Another man, belonging to the same regiment (5th Michigan), was brought in at the same time. He says that when his comrade abovementioned, fell (for it knocked the breath out of him for the moment), he retired behind a tree for safety and to wait his chance to send the enemy a similar message, not having the least idea that he was hurt. He had lain there some time, watching with eagle eye, when he felt something running down the front of his body, and on opening his vest, for the first time, found that he had three buck-shot just above his heart, and the ball itself had cut a gash an inch and a half long and over half an inch broad, on his left breast. Several other cases of a much severer character have been related to me by the wounded, where they knew nothing of it at the time, and but for the multitudes which were poured in upon us, preventing all conversation, I have no doubt I could have collected scores.

This all-absorbing interest was also remarkably illustrated by the ease with which I was able to perform almost all sorts of operations while the tide of battle was flowing nearer and nearer, without the use of any anæsthetics whatever, and without any complaint from the wounded, thus enabling me to relieve twice the number and more. And here let me observe, that æther is entirely unfit for the battle-field, causing me great delay for some hours during which I was obliged to use it; and though my chloroform was administered often by those unused to its application, no accident occurred. So that while I would use only æther in private practice, I would likewise use only chloroform in war. We expected every moment during Saturday afternoon, May 31st, to be taken prisoners, as the fearful din came closer and closer, and our brave battalions retired towards us before the overwhelming force brought against them; yet no surgeon left his post, nor would, I believe, under any circumstances whatever. I amputated a man's arm above the elbow, struck by a shell not five rods from my tent, and brought in to me by Dr. Munroe, Senior, of Massachusetts, who I am happy to inform you showed himself most worthy of your confidence by his skill and activity.

I cannot pass unnoticed the indefatigable exertions and able management of Dr. —— Mileau, Med. Director of 3d *Corps d'Armée*, and Dr. Frank H. Hamilton, Medical Director of 4th Cook's (those two doing almost all the fighting), both before, during, and since the battle, a battle which by far surpasses in amount of casualties those of Alma or Inkerman; yet, with much less medical force, the wounded were much better cared for than in those veteran armies, if we take their own accounts.

I performed several exsections of joints, including shoulder, knee and elbow, as well as the shafts of bones; but I fear this sort of operation is, and will be carried to excess under the circumstances. Of course it was imperative to send off the men as soon as they were properly dressed, so that only in a few cases can we know the result of our operations. But I have heard of one of mine which causes me great pain. He was a staff officer (a most brave and noble fellow), shot through the middle of the outer side of the leg, fracturing the fibula into several small bits for the space of about two inches, the ball lodging against the tibia without injuring it. I extracted the broken bone and ball easily through the bullet hole, and told him to get to his home (New York) as soon as possible, promising him a good leg, of which I had little doubt, while he expressed his gratitude by giving me his horse and equipments. But I now learn that in just a week after, his leg was amputated above the knee (with good reason, I hope), and he died in less than an hour. It did not enter into my thoughts to amputate that leg, nor would it under like circumstances again; yet if, at the time, it was amputated with good reason, what must happen to those who I am informed have had even six inches of the femur removed?

My heart was made sick by repeated amputations, yet I must say that I have very little faith in some of the fancy exsections I have heard of here, when the patients must be transported for hundreds of miles, and suffer repeated changes of medical officers and nurses.

In regard to the health of the army, I think it good, all things considered. I have reference more particularly to the 3d and 4th corps, with which I am well acquainted, and which from doing almost all the work in the recent battle, as well as living on the battle-field ever since, and in a swamp at that, must be in a worse sanitary condition than any other, as the rest of the army occupy much better camping ground, and have had no fight. I counted fifty-seven horses dead within a few rods of each other. No mounted man lived long, so accurate were the sharpshooters on either side. All the horses were burned, and the dead buried, still the atmosphere is most offensive. But encamping on the battle-field is of course a military necessity, and there seems but little doubt that the next great battle will begin at the same point, though we hope the tide will roll towards Richmond. A man has been engaged to purify the ground, and I hope he commenced yesterday. After all, there are but about fifteen per cent. off duty, nearly all of which are kept with and near their regiments, to aid in the great struggle which at any moment may come. The Massachusetts Regiments average as well as any, and the 9th seems to be very remarkable and perhaps the healthiest regiment in the army. The Colonel (Cass) I understand is a most strict disciplinarian.

There is but little of chills and fever, though many of the regiments lost everything but their guns and ammunition in the last struggle, a loss not yet repaired. The great trouble seems to be colds, diarrhœas and some typhoid fever. I am sorry to add that several cases of scurvy have of late made their appearance, mostly from one or two regiments. I saw but one at the White House Hospital, and that was slight.

There were brilliant bayonet charges in the late battle, but of course you will not be surprised to learn that we had no *bayonet* wounds to dress, the rebels running too fast to hit or be hit in that way.

I hope, if the public interest will permit, you will not fail to come out so as to be present at the next battle, as you could not only be of great service, but it is something not likely to occur again in our time. The best have to rough it at times, but as Æneas said to his men, "perhaps hereafter it will delight us to remember these days." For instance, I worked with all my might from 2 P. M. (May 31st) to 2 A. M., doing all sorts of operations by candle light, and then could get nothing to eat but McClellan pies (as they here call ship-bread) and cold water. My room in Savage's house I found filled with wounded, my blanket gone, and I had to lie in a potato field with no ends to the tent, where the fearful rain of that night drenched me both above and below. The next morning I had to wash in the muddy brook without soap or towel.

I would be the last to complain in case of forced marches of any amount of suffering; but as we are situated, comparatively stationary, and with steam and rail connection from the very centre of the army to all the great cities of the North, I must say, that I think we ought to be kept free of scurvy. Yet when we informed the authorities of the appearance of this fearful malady, and were told that we could have potatoes *ad libitum*, it was found that there was a supply for only five days. After all, the sanitary condition of the army does not call for those loud complaints made in some quarters, and every soldier feels that he has a country that will do its best for his health and comfort. The army is now pretty well purged of the cowards and grumblers, and when the word, which all so anxiously wait, is given, "On to Richmond," I am confident every man will do his duty.

I have the honor to be your obedient servant,

Wm. H. Page, *Volunteer Surgeon.*

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## Report of Dr. W. E. Coale.

*To the Surgeon-General.* Baltimore, July 2d, 1862.

Dear Sir,—I have to report that I arrived here yesterday P. M., and, upon immediate inquiry, found there was no vessel "up," either at Fortress Monroe or here, for Newbern. Not wishing to waste time, I went this A. M. to Washington, and saw the Surgeon-General, Dr. Hammond, and represented to him my inability, for want of means of transportation, to start for Newbern for five days or more. He said that rumors had already placed the wounded, on the Peninsula, at some four thousand, and that there was urgent necessity in that quarter for all medical men that could be gotten. I showed him my paper from you, which he endorsed—"In consequence of the great need for the services of medical men at Fortress Monroe, I have requested Dr. Coale to report for duty at that station." In compliance with this, I start with the Surgeon-General and his staff by to-morrow's (the first) boat for that destination. My next report, I trust, will be of service done, or in person with the wounded of the 9th and 22d Mass., both of which were in the thick of the fight.

I am, Sir, respectfully, your obed't serv't,

Wm. Ed. Coale, M.D.

In an Appendix to the above, Dr. C. suggests the following mode of preparing cushions or pillows for supporting wounded limbs, stumps, &c.

Clean bullocks' intestines carefully; cut them into different lengths, from 12 to 24 inches, and select the intestines of different sizes. Salt them down. When wanted for actual use, wash the piece, and tie up one end of it; turn it wrong side or inside out, on a stick or with the fingers; pour into it about one ounce of solution of chloride of lime, chloride of soda, or of any other disinfectant; blow it up, but not too full; tie the other end; slip it into a pillow-case of proper size, and you have a pillow, light, cheap, filled with the most elastic substance known, and that never loses its elasticity; and for purposes of transportation, one thousand of them can be packed in one half-barrel.

The covering or case for these cushions might be left open at each end, so as to slip off more readily.

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The following surgeons left Boston on Monday, for Harrison's Landing, and service in Gen. M'Clellan's army.

Dr. Wm. Knight, Marlboro'; Dr. R. Cresson Stiles, Pittsfield; Dr. L. T. Lock, Nashua, N. H.; Dr. Wm. R. Rice, So. Boston; Dr. P. H. Hurd, Charlestown; Dr. J. E. Whiting, Charlestown.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 10, 1862.

The recent passage of the bill increasing the number of surgeons in the army, by which each regiment is provided with an additional assistant-surgeon, we regard as one of the most important measures of the war, and shows that the government is at last awake to the duties and responsibilities involved in the present struggle. It has long been a matter of surprise that, in this sanguinary contest, and exposed as the army must almost of necessity be, to the pestiferous influences of a malarious country, so slender a medical force should have been supplied. Had this humane measure been adopted in the outset, we should have had far less to record of the suffering and the loss of life which mark the present conflict as one of the most destructive in the annals of war. We can only attribute what at first appears the result of unpardonable neglect, to the fact that, owing to the long period of military inaction, the nation found itself unprepared at once to meet all the requirements which modern warfare imperatively demanded; for it must be remembered that while we have been quietly slumbering in the arms of peace, military science has been steadily advancing, more especially since the bloody campaigns of Italy and the Crimea, with which may be said to have dawned a new era in the history of war, an era inaugurated by the Minié rifle, and that terrible engine, the rifled cannon.

The carnage caused by these more modern instruments of warfare as compared with the results of battles of an earlier date, seems almost incredible. We are told that, at the battle of Salamanca, but one ball in three thousand, fired by the British, took effect. It is also stated that eighty thousand rounds of ball cartridge were fired from the old musket, at Caffraria, and only twenty-five Caffres were known to be hit; while at Cawnpore one company of soldiers, armed with the Enfield rifle, brought down 69 out of a body of horsemen by whom they were attacked, at one discharge. The terrible carnage at Solferino, at Pittsburg Landing, and in the more recent battles before Richmond, afford still further evidence of the increased destructiveness to life of modern modes of warfare. These facts become important, says Mr. Longmore, in his admirable little treatise on gun-shot wounds, "in estimating the amount of surgical attendance that is required in modern engagements." The increased velocity of the projectile used, the greater accuracy of aim, and the peculiar shape of the balls, by which a far more serious wound is inflicted, combine to render modern warfare vastly more terrible in its effects, than ever before, and therefore demanding a proportionate increase in the amount of surgical aid in the field. Whether by the present bill the increase of the medical force is sufficient to meet the exigency, remains to be seen; we shall be surprised if a still further increase may not ultimately prove necessary.

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Death of Mr. Wakley.—One of the June numbers of the *Lancet* chronicles the death of Mr. Wakley, the founder of that able Journal. He died of consumption, at the age of 67, after a life of unwearied labor in the cause of medical reform; and it may be said, that to him, more than to any one else, does modern medical Journalism owe much that distinguishes it. Mr. Wakley did not confine himself to the rectification of medical abuses. He was a prominent member of the House of Commons, and here, besides defending and upholding, on all occasions, the rights of his medical brethren, he was "determined in his exposure of all popular abuses, and still more in his championship of the neglected poor." "In addition," says the *Lancet*, "to other services that Mr. Wakley rendered to the profession, may be mentioned the part he took in establishing a system of clinical teaching in London. Previous to the appearance of that journal, clinical teaching was unknown. He was the first to publish reports of the proceedings of the various medical societies. This course met with strenuous and long-continued opposition, and it required years of resolute perseverance to bring this kind of reporting to anything like perfection. It is now an important element in professional instruction. Mr. Wakley was always the defender and upholder of the rights and privileges of the surgeons of the united services, and of the Poor-law medical officers. He lent his aid effectually to the reform of the laws affecting lunatics. His name is associated with most of those proceedings which had reference to the welfare of the great body of surgeons in general practice."

He had, for some years previous to his death, abandoned his editorial labors, never, however, failing "in jealous regard and affection for the" journal, which has, for many years, exercised so powerful an influence in the medical world. The memory of such a man as Mr. Wakley will long be cherished as the most successful medical reformer of the age.

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THE AMERICAN JOURNAL OF OPHTHALMOLOGY.—We have received the first number of this new Journal, which, from the growing importance of this branch of medicine, and the great advances that have recently taken place in the diagnosis and treatment of diseases of the eye, will be a valuable addition to our literature on this subject. It is edited by Dr. Julius Homberger, and, from the whole character and appearance of the first issue, deserves a success, which, we fear, in the present state of things, will hardly be reaped.

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ILLNESS OF OUR ARMY CORRESPONDENTS.—We learn from a private source that Professor James Bryan, whose letters from the army have been so acceptable to the readers of the Journal, was brought to his home in Philadelphia, some weeks since, suffering severely from an attack of bilious remittent fever.

A private letter from Binghamton, N. Y., dated July 5th, informs us that Dr. George B. Willson, late Assistant Surgeon of the 3d Regiment, Michigan Infantry, and who has also contributed for our pages much interesting information connected with medical matters in the army, after a long course of illness has been invalided and was then on his way home to Port Huron in Michigan. An aggravation of his disease, we regret to learn, had detained him a few days in Binghamton.

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VENTILATION OF HOSPITALS.—General Morin has addressed an interesting paper to the French Academy of Sciences on the subject of ventilation in hospitals and other establishments where many persons are congregated together. After various theoretical considerations, our author remarks that the system of ventilation at present in use may be reduced to two kinds, viz.: that which determines a draught in an upward direction by a fire lighted at the top of the edifice—and that which places the fire in the cellars to produce a draught in the opposite direction. General Morin recommends a third system between the two, which consists in keeping up a fire on a level with the floor of the room to be ventilated. Experiments prove that an upward draught is the most unfavorable of the three, the quantity of air thus evacuated being inferior to that carried off under other systems. The latter are much on a par as regards the effect produced, but the third deserves the preference on account of its cheapness and simplicity. The author, in examining the question of the introduction of pure warm air into a room, finds that the supply under the ordinary system is inferior to the quantity evacuated, a defect which he proposes to obviate by enlarging the orifices of the stoves destined to furnish it. The Hopital Lariboissière has a peculiar system which produces good effects. It consists of eight pavilions, of three stories each, every story containing a sick-ward with 22 beds, and a small room with two beds. The vitiated air is carried off on each floor by nineteen evacuation flues, which unite into one in the garrets, where a draught is obtained by a large vessel containing hot water. The quantity of foul air thus evacuated in a second is about one cubic metre and one fifth—but a greater result might be attained were the circulation less complicated, since the unevenness of the surface of the flues, a circumstance, the effects of which can hardly be attenuated except by a diminution of length, causes a loss of velocity of more than one-seventh.—*Brit. Amer. Med. Journal.*

Appointments.—The Senate has confirmed the following Assistant Surgeons as Surgeons in regular promotion. Jonathan Letterman, Pennsylvania; Robert O. Abbott, Pennsylvania; Thomas M. Getty, Virginia; David L. Magruder, Virginia; Wm. J. H. White, District of Columbia; John J. Milhau, New York; Horace R. Wirtz, Pennsylvania; Chas. Page, Virginia; Chas. Sutherland, Pennsylvania; Basil Norris, Maryland.

## VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 5th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . . | 26 | 33 | 59 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 35.2 | 28.9 | 64.1 |
| Average corrected to increased population, . . . . . . . . | .. | .. | 71.67 |
| Deaths of persons above 90, . . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 10 | 1 | 1 | 6 | 4 | 1 | 0 | 0 | 0 |

Pamphlets Recevied.—Caries of Elbow Joint, Operation of Excision, with Recovery of Useful Arm. By N. C. Husted, M.D., New York City.—Malignant Pustule in the United States. By A. N. Bell, A.M., M.D., Physician to Brooklyn (N. Y.) City Hospital, &c.—The Domain of Medical Police. By Louis Elsberg, M.A., M.D.

Deaths in Boston for the week ending Saturday noon, July 5th, 59. Males, 26—Females, 33.—Asthma, 1—disease of the bladder, 1—congestion of the brain, 2—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 1—burns, 1—cancer (of the breast), 1—cholera infantum, 1—cholera morbus, 1—consumption, 10—convulsions, 2—croup, 1—dropsy of the brain, 3—drowned, 1—epilepsy, 2—scarlet fever, 6—gastritis, 1—disease of the heart, 1—infantile disease, 1—intemperance, 1—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—measles, 2—old age, 1—paralysis, 2—scrofula 1—smallpox, 1—tumor, 1—unknown, 4.

Under 5 years of age, 26—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 41—Ireland, 15—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# NOTES OF CASES OF PUERPERAL CONVULSIONS, WITH REMARKS.

By Walter Channing, M. D.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The following cases from my notes are at your service. Three cases occurred in less than three weeks, each of which I saw in consultation. I have not heard of any other cases, and I have taken some pains to learn if any have occurred. Allusion is made to the hysterical complication in puerperal convulsions. This is not a very rare occurrence. For the most part, at least as far as I have seen such cases, the fits have *followed* delivery. I recollect but few well-marked cases of hysterical convulsions, either *preceding* or *attending* labor. This is worth remembering, for prognosis will be aided by having it in mind. In the *hysteric* case the interval of fits is for the most part filled with all sorts of wild talk, and tossings of the body—with laughing and crying or sighing —violence, or a restlessness, requiring of the attendants the utmost care lest the patient is injured by the self-inflicted violence—the clothes are torn off—and maniacal phenomena of all kinds show themselves. I have spoken of the disease in its worst and most frequent manifestations. One who has not seen them can hardly imagine what these are, or may be. I have known of no case in which puerperal mania has followed. The subject is more particularly dwelt upon, because cases are frequently reported as *genuine puerperal convulsions* which are not so; and "recovered from without medication"—the attempt being to prove that active means are unnecessary in puerperal convulsions, and that ether and chloroform are showed by the results to be useless in the genuine disease. Mrs. B.'s case shows how valuable is the combination of ether and chloroform, in a protracted and violent case. It would be easy to strengthen the evidence by more cases, if I thought it necessary to do so.

There is another advantage in the discrimination between the genuine and hysterical disease, and especially when complicated.

There is less danger in such; and though our declared prognosis should be accompanied by caution when presented to friends, all parties may have the benefit of such confidence about results as always aids in the management of seriously threatening disease.

CASE I.—May 30, 1862. Mrs. B., 25, second pregnancy. Was seized with convulsions during labor. Very slight œdema of external labia. Invasion sudden in apparently healthful labor. I reached the address in the evening. The child was born just as I entered the chamber. The placenta followed soon after. The convulsions were strong—no consciousness in the interval, and none for some time after, and her attending physician left. I remained. Fits returned in the course of the night. Ether, which had been successfully used, was continued. Intervals between the attacks grew longer and longer, and I left in the morning. Consciousness had not returned. I met her physician again in the afternoon. He had used chloroform and ether in proportions of one part of the former to three of the latter, as agreed upon, should convulsions return. They did return, but after the use of the compound no more fits occurred. Mrs. B. recovered her consciousness in the course of the next day, but had no memory of the labor or of the convulsions. Recovery rapid and perfect.

*Remarks.*—This case was the *second* one in which convulsions had occurred in the same person. Her first labor occurred naturally, but her state was not promising of easy delivery. Her general health was not good. There was great œdema of the external organs, with much soreness, rendering examination so difficult that it was necessary to make many punctures for the discharge of the water. A single convulsion occurred, and after a long interval another. I was desired to see her in consultation. The fits were of average severity, without intervening consciousness. Labor was effected by uterine action. Sulphuric ether was inhaled with excellent effects, and after-recovery was good. About four months after, when health was good, paralysis of one side of the face occurred, which gradually was entirely recovered from.

CASE II.—June 12, 1862. Mrs. L., 42. Married about a year —first child—has vomited obstinately for some months last past—has lost flesh—no anasarca—no known cause of convulsions—on the 11th had veal cutlet for dinner, and relished it—had headache in evening, but slept at night. Convulsions occurred in the morning of 12th, not preceded by labor pains. Convulsions very declared, with no return of consciousness—slight show.

I was called to see Mrs. L. about 2, P. M. She was in a fit when I reached the address. Her physician reported that he had not made any examination, as there was no evidence of present labor. Pulse rapid—hard but not full. Face pale, at times reported to be purple—eyes wide open, pupils fully dilated—mouth bloody from wounded tongue, full of blood and mucus, giving character to respiration, but which was hardly stertorous—decubitus on left side—limbs flexed—whole body convulsed with strong jerking of upper extremities—skin cool—a fit was present as I entered the chamber. Her physician being absent, another convulsion occurred before he returned, say in about twenty minutes after the preceding, which was the thirteenth. Dr. Watson having arrived, an examination was made. There was a show, or discharge of black blood from the vagina. The child's head was fairly in the pelvis—os uteri dilated, say to half its extent, being a thick, firm ring but *dilatable.* The membranes were entire, and easily reached in the sacral hollow, but not at all before the fœtal head—being, on the contrary, in close contact with it. There was no uterine contraction, the membranes being not at all tense. They were broken, when a full discharge of black fluid—the color produced by the washing away of the black blood which was in the vagina. The delivery was easily effected by the forceps. The child, a female, dead, was quite large. No uterine contractions were noticed, and as convulsions did not recur during the operation, the condition of the uterus was easily ascertained. The womb contracted well after delivery, bringing the placenta into the vagina from which it was easily removed. The blood, which followed its removal in natural quantity, was black. The convulsions ceased, and the breathing at once improved, upon the rupture of the membranes. Ether (sulphuric) had been used during the convulsions before my arrival, but as the nurse was exceedingly annoyed by it, it making her sick, it is probable that the quantity inhaled by the patient was not excessively large. It was made sufficient, however, after my arrival, and the record shows that convulsions did not recur. It was agreed that if convulsions returned, an injection of assafœtida in full quantity with tinct. opii should be employed. I have found good effects to follow this treatment *after delivery*, when it has seemed as if the continuance of convulsions might depend on quite different circumstances from the existing ones under which the disease began.

After a short suspension of convulsions, they returned with greater violence than before, being accompanied by stertor, lividity, &c. Death occurred, at 10, P. M. No farther treatment was attempted, as it was clear to Dr. W. that nothing was to be hoped for from the use of any means.

*Remarks.*—There was no anasarca in Mrs. L's case. The condition of the urine is not known. It is so difficult to learn the true state of the urine from what is drawn by the catheter during labor, that results are hardly to be relied on. It is not easy so to introduce the instrument in such cases as to prevent the entrance of some of the fluids in the neighborhood, mucus, liquor amnii, serum, blood, &c. So obstructed is the catheter sometimes in this way that the urine will not flow through it.

In regard to the flow of black blood before and after delivery—occurring before, it shows that the placenta had been partially detached. The color of the liquor amnii shows that it was mixed with this blood after the membranes were broken—and especially did the ordinary hæmorrhage which precedes the delivery or removal of the fully detached placenta exhibit this color. A question arose, had the inhalation of ether anything to do with the production of this color of the blood? It should have been said that the blood from the mouth had the same color.

The age of this patient, being her 43d year, is rather advanced for pregnancy; but it is doubtful if this had any connection with the disease. There was no error in diet, as far as I could learn, which could account for it. The occurrence of obstinate vomiting three months before the term, and its continuance, may have some connection with its production. Ordinarily this produces other effects, especially prostration, with rapid emaciation, sometimes making premature delivery necessary to save life.

The immediately precursory symptoms in this case were pain in the head, and great distress with pain in the epigastric region, extending into both hypochondria. This latter symptom is regarded by Denman as one of the more frequent ones of succeeding convulsions; whilst authors generally regard the pain in the head as among its common and preceding ones.

Case III.—June 20th. Mrs. L., 24.—Fifth labor. All her previous ones were natural and easy. After the third, after-pains severe, for which sol. morph. sulphat. ʒ i—to be repeated if pains continued. Got one dose, and soon after had convulsion. This was the only one—recovery.

Her fifth labor, June 20th, 4, P.M. Severe after-pain. Her physician, who attended her first, wrote again for the above solution and left. But before it was taken, a convulsion. Her labor was very easy, its precursory stage hardly noticed. At 7, A.M., a strong expulsatory effort, and literally during this only pain, birth occurred—a female; 8 lbs. The last stage was completed very soon after the birth, and without accident. The child was born before her physician arrived. Much anxiety followed—at 7, A.M., fears of death—moaning, weeping, &c., pain in the head, and much heat of scalp. At 1, P.M. a convulsion, after severe pain and heat of head. Leeches were applied, and lupuline given, five grs., to be repeated p. r. n. Ice in a bladder constantly to head. No consciousness, no stertor. Tongue not wounded, no mucus in mouth. At 8, second fit very strong—the whole body convulsed. There were eight convulsions in all, the last at 11, A.M., on the 21st. Lochia suppressed. Sulphuric ether had been faithfully used during the disease, and always with relief.

June 21st, 5, P. M., I was called to see Mrs. L. with her physician, and got from him the above account of her case.

I found her lying, as in a sound sleep, on her left side, breathing slowly, with perfectly natural expression of countenance—skin natural—pulse 60—pupils natural—womb well contracted—bladder empty, it having been unconsciously evacuated—no œdema. She had swallowed some gruel, and now swallowed water without difficulty. Upon being spoken to with loud and distinct voice, an effort was made to answer questions. I was desirous to get some urine for examination. The attempt was strongly resisted, and I requested Dr. —— to desist, as from the circumstances under which convulsions had occurred, I thought much disturbance might hazard a recurrence of them. It was agreed that sulphuric ether should be again used if indicated.

There were no more convulsions. The progress to consciousness was very slow. It was not until the fifth day from the first fit that she was able to speak. She opened her eyes two days before, but noticed nothing. The following day she watched moving objects in her chamber, and the succeeding one to this, spoke. There were no hysterical complications after delivery. This was the third case in which the same patient has had convulsions in a succeeding labor, and in this one, two labors occurred between the two attacks now reported. The first followed the use of sol. sulphat. morphia, to check after-pains. The same remedy for the same pains was prescribed in this labor, but another physician being called in, stopped the use of the anodyne. Convulsions, however, occurred, and much more severe were they than were the first, there being then but *one*. *Causa latet, vis est notissima.*

The first case in which convulsions occurred in the same person, happened many years ago, but was impressed upon my mind after a manner never to be forgotten. It occurred in the country, as did the first, described above.

Mrs. W., about thirty, was seized with convulsions during healthful labor. They were more violent, and each of longer continuance than I had ever seen. It was hardly possible to keep the patient on the bed, or prevent her doing herself great injury. The invervals were not, as in ordinary puerperal convulsious, passed in heavy sleep, with stertorous noisy breathing, but in screams and shrieks—singing to the top of the voice—talking--praying, &c., as from the Book of Common Prayer, with perfectness of memory which could not be exceeded. Accompanying these efforts of voice, were frantic tossing of the whole body, and with a violence which seemed constantly to threaten life. A lull would come—perfect silence and repose—and then a violent convulsion. One, two, and three days were passed after this manner, before such entire exhaustion occurred as to prevent the slightest motion, and to threaten instant death. Mrs. W. had a long convalescence, and ultimate perfect recovery.

In her second labor convulsions occurred very much as they had in the first, with precisely the same accompaniments, and recovery. Mrs. W. has not been pregnant since.

*Remarks.*—In both of these attacks of convulsions in the same person, the hysterical accompaniment was so perfect as to distinguish them entirely from the genuine puerperal disease, and in this was promise of recovery. In what the hysterical puerperal convulsion differs from the genuine or epileptic, is not always attended to; and the recovery may so come to be ascribed to treatment, when it is in fact owing to the nature of the disease itself.

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## MEASLES WITH PROTRACTED BRONCHITIS, COMPLICATED WITH CROUP, AND FOLLOWED BY PNEUMONIA—RECOVERY.

By W. W. Wellington, M.D., Cambridgeport.

[Communicated for the Boston Medical and Surgical Journal.]

During the spring months, measles was very prevalent in Cambridgeport. Most of the cases were mild, but a few were severe, and in the latter class may be ranked the following.

A boy, two years old, exhibited the precursory symptoms of measles about the 4th of April. The eruption appeared on the 7th. The disease progressed favorably until the 11th, when it was noticed that the child was hoarse, and had some difficulty in breathing. I saw him for the first time on the next day. He had passed a restless night. The voice was husky, the cough had the peculiar sound of croup, and the breathing was labored and difficult. On examination of the throat, patches of lymph could be seen on the tonsils. During the day, the dyspnœa increased.

On the next day (13th) the breathing was very labored and distressing, especially during paroxysms, which occurred every few hours. The voice sank into a whisper; the pulse was feeble and irregular; the features were swollen, and the countenance was bluish. There were great restlessness and jactitation. The respiration was not loud, but close and muffled. In addition to the lymph on the tonsils, there was a whitish, pastry, secretion on the soft palate. Matters looking desperate, I asked the advice of a medical friend, as to the expediency of tracheotomy. He advised against the operation, but thought the chance of recovery was small.

On the next day (14th) the symptoms were nearly the same. The breathing was no worse—in fact, this was hardly possible—but there was no improvement. At each visit I expected to find the child dead.

On the evening of the next day, there was a little improvement. The breathing was more easy, though very rapid; the cough was becoming loose; the child slept considerably, and took nourishment; there was some fever, and the pulse was 120.

On the 23d (7 days later) the breathing was much improved; the cough was loose, but muffled; there was no effusion on the tonsils or palate; but the child was feverish, had no appetite, and could not speak above a whisper.

On the 26th (3 days later, and 14 days from the access of symptoms of croup) the natural sounds of the cough and voice began to return, and the child seemed to be slowly improving.

No membrane (so far as is known) was expectorated.

I did not see the child again until the 30th inst., four days from the date of the last visit. During the interval he had become worse. The symptoms of croup had nearly subsided, but there was a bad cough, the pulse was rapid, with daily paroxysms of fever. Auscultation revealed the existence of pneumonia of the larger part of the right lung, with mucous râles in the left lung.

During the next three weeks, the child remained very ill. The cough was bad, and the pulse rapid; there were great emaciation and debility. The right lung continued hepatized—the dulness and bronchial respiration being distinct and well-marked; and the bronchitis continued in the left lung. At times, there would be an apparent amendment; the appetite and strength increasing a little, and the febrile symptoms subsiding. Then there would be a relapse, and all the bad symptoms would return. Nature, however, after a long contest, got the better of the disease, and, on the first of June, nearly two months from the commencement of the measles, our little patient was convalescent. He is now well.

This was a case of measles with protracted bronchitis, complicated with croup, and followed by pneumonia. This complication I have never met with before, and I think it not common.

As regards the diagnosis, there can be no doubt of the existence of the measles, the bronchitis and the pneumonia. A doubt may arise whether the croup was of the membranous variety, from the fact that no membrane was expectorated. But the severity and duration of the symptoms, and the membranous exudation on the palate and tonsils, render it probable, if not certain, that there was also a membranous secretion in and about the larynx, extending, perhaps, into the trachea. It probably was not copious, nor very tough, and, when ejected from the larynx, was swallowed.

Measles, complicated with croup, is usually fatal. The recovery in this case was not owing to any remedies prescribed by me. The only credit I take to myself is, that I did not unreasonably interfere with, or interrupt, the efforts of nature; and possibly that I slightly aided her in these efforts. At my first visit leeches were ordered; the leech-bites bled freely, but this did no good. The inhalation of steam was tried, but the child was more restless and uncomfortable in the steam-bath than out of it; and, after a fair trial, this was abandoned. Emetics had been administered before my arrival; they were not repeated, but the syrup of ipecac was given in small doses, which would do no harm, if they did no good. Outward applications to the throat afforded relief; and one of the most efficient of these was opium, quilted into a bag, which was dipped into hot water, and applied over the larynx and trachea. These remedies, with opiates internally, an occasional dose of physic, warm baths, and nourishment as much as the child could be induced to swallow, which was not much, constituted the treatment.

The pneumonia was treated by mild opiates, counter-irritation, and a nourishing diet.

Had the treatment been very active, and had tartar emetic, calomel, &c., been given freely, as is sometimes advised, the result might not have been favorable.

Had tracheotomy been performed, and had the child survived the operation, another might have been added to the list of cases, exhibiting the efficacy of this mode of treatment, when other means had failed.

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## ON INJECTIONS IN THE TREATMENT OF UTERINE DISEASES.

By Robert Ellis, Esq., Obstetric Surgeon to the Chelsea and Belgrave Dispensary.

I have a few practical remarks to make on the subject of this paper, which may be interesting to the readers of *The Lancet*. They have been suggested to me in the course of some observation of methods of treatment adopted by others and by myself in dealing with the peculiar classes of ailments assembled under the generic name of uterine inflammation and ulceration.

First, as regards the *uses* of injections. These may be learned by their failures. They are insufficient for the cure of ulceration, if it has existed for some time, and I have no satisfactory evidence that they can cure this condition effectually under any circumstances. They are not able to cure leucorrhœa in the great majority of cases. I have seen it return again and again after the injections have been discontinued. They are useless for the cure of inflammatory induration and hypertrophy of the cervix, and they are equally ineffectual in the sole treatment of the spongy, indolent, patulous, and ulcerated cervix occasionally met with in obstetric practice. I can furnish abundant proof of the correctness of these statements, and it is much to be desired that they were able to win the ascent of all who are engaged in this department of our art—for our own credit and for the welfare of the sufferers.

They are of great use notwithstanding; but it is only in their secondary position as adjuvants to a higher class of remedies. For the relief of pain, for the removal of acrid discharges, for the deodorization of offensive, and for the suppression of exhausting fluxes, injections are of value. They are of use for giving tone to a relaxed and weakened organ, and as astringents for the support of the womb having a tendency to prolapse. Conjoined with judicious and appropriate cauterization, they are of the greatest use in hastening the cure of the inflamed and ulcerated womb; and it is of common observation, that patients who are careful in the use of injections (as in private practice), get well very much quicker, and with less pain, than those who (as at public institutions) neglect this means. When the cure is complete, injections are still of much use, but it is most difficult to convince the patient on this point. In married life it ought to be easy to induce the patient to persist in this most healthful duty; yet the reverse is the fact.

The *substances* adapted for injections in commonest use are of the stimulant and astringent kind. Of these, notwithstanding the opinions and practice of others, I consider the sulphate of zinc the most unjustifiable. I think I have seen it the cause of much irritation and mischief, and it is difficult to believe that the constant use of so poisonous a substance over so large a surface of mucous membrane can be other than injurious. The nitrate of silver is another substance most unsuited for injection, yet very frequently ordered for use. The mucus of the vaginal canal instantly decomposes it if used in a weak injection, and if in a stronger form, the excoriation of the external parts, together with the mischief inflicted on the linen, hands, and utensils of the patient, preclude its repeated employment. I have made use of a variety of substances for this purpose, but as simplicity and economy are chiefly of consequence in a daily matter of this sort, the result arrived at is, that a solution of alum, either alone or in decoction of oak-bark, is, after all, the best and most effective injection we can prescribe. A mixture of equal parts of tannin and alum forms a more elegant, but also more costly substance as an astringent. For the anodyne injections, solutions of belladonna and of opium are the only serviceable remedies, and to these may be added the liquor plumbi and hydrocyanic acid with occasional good effect. For emollients, milk-and-water, linseed-tea, barley-water, and thin starch or gruel, are very valuable. The injection of gases and vapors is a very uncomfortable proceeding, and is not always free from a certain amount of risk, but considerable relief may sometimes be thus obtained when other means are useless. Of these, the most valuable are the carbonic acid gas and the vapor of chloroform.

Lastly, of the *instruments* for injection. Gooch's bent-pipe instrument is a cumbrous and dangerous apparatus, very apt to get filthy, and to inflict injury on the cervix. The glass "female syringe" is a most absurd contrivance for cleansing a canal so capacious as that for which it is intended. It is also often broken, and sometimes within the canal itself. The ordinary pump, with elastic tube, has the disadvantage of requiring the assistance of a second person for its use. For the use of the poorer classes a simple and excellent instrument was contrived by me some years ago; it consists of a piece of gutta percha tube, five feet long, fitted at its upper end with an inch or two of elastic tubing: this could be slipped over the mouth of a common kettle, and the other end being placed in its proper position, the inversion of the kettle produced a constant stream of water of sufficient force to well wash out the canal. The same object may also be accomplished (and this method is largely used in France) by the use of a long syphon, the upper end being immersed in a reservoir of water, and the lower retained in the canal by the patient. The French have an extraordinary variety of instruments for this purpose, amongst the most useful of which is one on the principle of the moderator lamp. Without exception, however, the most commodious and useful of all instruments for uterine injections is the elegant arrangement known as Dr. Kennedy's, and now becoming much used in this country. It may be employed either for gases or for fluids; as a douche or as an enema. An ingenious contrivance, known as the barrel syringe, made of caoutchouc, is also useful for this purpose; but the action of its valves is less to be relied upon than in the former instrument. For general use the douche just named is the best of all the varied forms of instrument for vaginal injections, and it will probably ultimately replace every other kind. Its valves require occasionally a little looking after and cleansing, but this is simple enough, as they merely consist of two metallic peas.

This article may be truly said to be drawn in "first lines," but experience has long satisfied me of the great importance of these homely remarks. If it be admitted that injections have a remedial value, it is certainly the duty of the medical man to take care—1st, that they be employed for such uses as they will most surely subserve; 2d, that only those substances be used which are adapted for those ends; and lastly, that the instrument for their employment is a simple and efficient arrangement. Instances of failure on all these points are so common as to justify this note on a very common-place subject.—*London Lancet.*

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## ON JAUNDICE: ITS PATHOLOGY AND TREATMENT.

By George Harley, M.D., Professor in University College, London.

[From the Proceedings of the Royal Medical and Chirurgical Society, May 13th, 1862.]

It is universally admitted that the facility of the diagnosis of jaundice is only equalled by the obscurity of its pathology and the uncertainty of its treatment. In this communication, therefore, the author set about unravelling the nature of the various morbid conditions which give rise to it; and pointed out how, notwithstanding the seeming discord, they could all appropriately come under the two common heads of "jaundice from suppression of the biliary function," and "jaundice from the reabsorption of the secreted but retained bile." Moreover, Dr. Harley showed that the pathology of jaundice resulting from suppression is totally different from that arising from obstruction; and, consequently, that a line of treatment which would be appropriate and beneficial in the one form, would be detrimental, if not actually hazardous, in the other. Fortunately, however, the author pointed out a new method of distinguishing the two forms of the disease when all the ordinary means of symptomatic and physical diagnosis prove unavailing. The method consists in analyzing the urine, which, he finds, contains different morbid products according to the particular form of the disease. Thus, for example, in jaundice from suppression the urine contains only those biliary ingredients which exist preformed in the blood. In jaundice from obstruction, on the other hand, the urine contains, in addition to these, the materials generated in the liver itself, and which have been reabsorbed into the circulation from the distended gall-bladder and ducts. A simple mode of distinguishing the two conditions is, to add to about two drachms of urine half a drachm of strong sulphuric acid, and a fragment of loaf-sugar the size of a pea. If at the time of contact of the two liquids a scarlet or purple color is produced, it proves that the acids of the bile are present, and the case may consequently be put down as one of jaundice from obstruction. On the other hand, if no bile-acid reaction, but merely a browning of the sugar, be observed, the case is in all probability one of suppression. Dr. Harley pointed out, however, that care must be taken not to confound the two cases; as jaundice from obstruction, especially the severe form, often merges into jaundice from suppression.

The author also confirmed Frerich's statement regarding the presence of tyrosine and leucine in the urine of acute atrophy of the liver; and further stated that he had also found these substances in the urine of chronic atrophy, so that their presence might aid in the diagnosis of the latter as well as of the former condition of the hepatic organ. Several cases were cited illustrating the value of the different methods of diagnosis; and the author concluded by pointing out the class of cases in which mercury and other remedies were likely to be beneficial, and where they were likely to do injury. He specially recommended the employment of benzoic acid in jaundice from suppression, and inspissated bile in that arising from obstruction, in which latter class the patient frequently dies from slow starvation, in consequence of the absence of bile in the digestive process causing imperfect assimilation of the food to take place. Dr. Harley also called special attention to the fact that bile, as now employed, more frequently does harm than good; for, when given along with the food, instead of aiding the digestive process, it actually retards it by interfering with the action of the gastric juice. If, on the other hand, bile be administered, as the author proposes, at the end of stomachal digestion, it acts (as in the healthy organism) on the chyme, and renders it fit for absorption. In order still further to insure this desirable object, Dr. Harley has had bile specially prepared and put up into capsules, which are not readily acted on by the gastric juice, but which, on being dissolved in the duodenum, allow the bile to come in contact with the food at the proper moment, and thereby enable the physician to imitate nature, and supply an important element to the system.

The communication was well illustrated with preparations and drawings.

Dr. Edward Smith, after dwelling upon the great interest of the paper, referred to two subjects explained in it which had struck him—the importance of determining the amount of urea evolved, and the alleged mode of action of acids and alkalies. In the case referred to there had been a large ingestion of nitrogenized food, and yet the amount of urea had diminished from about 450 grains per day, which at fifty years of age would be about the standard quantity, to between 300 and 400 grains—a fact which proved clearly that a large portion of the nitrogenized food had not entered the blood, but had passed off by the bowel. He thought the determination of the amount of urea in cases of defective assimilation was of the utmost value; but since there were normally great variations in the daily elimination of urea, it was essential that experiments should be extended over several days successively; and it would be more satisfactory to determine at the same time the quantity of nitrogen eliminated by the bowel. He considered that the explanation of the mode of action of acids and alkalies was most ingenious, but he doubted as to its validity. It might be, as suggested by the author, that an alkali being given excited the formation of gastric acids, which then passed into the bowel and interfered with the alkalinity of the biliary and pancreatic juices, and thus prejudiced the digestion of fats; but, if so, the smaller the quantity of alkali administered, the less amount of acid secretions would be induced. Without admitting or denying the explanation, he must affirm that alkalies were very serviceable in numerous cases of jaundice.

Dr. Chambers said the author had referred to jaundice caused by pneumonia and the zymotic fevers, but had not explained how it occurred. He wished to ask the author if in these cases he had examined the blood, and if so, in what state and form the coloring matter was found. In pneumonia there is coloring matter in the fæces and urine, and also in the skin, and the serum of the patient's blood is dark. In these cases there is no obstruction of the bile-ducts. It was said by some that jaundice occurred in those cases of pneumonia in which the right lung was affected; but he (Dr. Chambers) had found it in cases of pneumonia on the left side. Again, in zymotic fevers there was no local action. Cases of this kind had an important bearing on the explanation of jaundice.

Dr. Marcet said the examination of the fæces would often clear up difficulties in the diagnosis of the cause of jaundice. If the bile is retained, there is in the fæces an abnormal quantity of fat, and hence the fæces are white, and by alcohol much fat may be extracted. There was not, however, enough to be recognized by the eye. The fatty matter does not exist as a neutral fat, but as fatty acids. This passage of fatty matter showed that it was not the pancreas alone which had to do with the digestion of fats. In reference to the method of administering bile by the stomach in cases of jaundice, he (Dr. Marcet) thought there would be considerable danger of inducing vomiting.

Dr. Edward Smith asked Dr. Marcet if he thought that, in cases of phthisis in which, large quantities of cod-liver oil being given, there was fatty matter in the stools, this was due to deficiency of bile?

Dr. Marcet said he should infer that the oil was in excess rather than that the bile was deficient.

Dr. Harley remarked that he was much gratified by the interest shown in the paper by the members of the Society, and glad to find their views so much in accordance with his own. The analysis of the urea had been made for the precise purpose Dr. Smith mentioned, and in the case in question had afforded most important information, not only as regards the diagnosis, but also in relation to the treatment. In reply to the remarks of the President and Dr. Chambers, he said he thought that the pathology of cases of jaundice accompanying pneumonia came under the head of jaundice from suppression, and more particularly that kind arising from passive congestion of the liver. It had been shown in the communication, for example, that jaundice is a common accompaniment of any cause obstructing the passage of blood through the lungs, capable of producing a sufficient amount of hepatic congestion to derange the secretion of bile. In reply to Dr. Marcet's remarks regarding the action of bile on the fatty acids of the chyme, Dr. Harley stated that he had pointed out that action in an article, "On Digestion," published in the *Medico-Chirurgical Review*, either two or three years ago, and that he considered the presence of a large quantity of fat in the stools a most important diagnostic sign in jaundice, as it indicated that the pancreatic as well as the bile duct was occluded; and, moreover, pointed to the probable seat of the obstruction, which, in the great majority of such cases, would be found at the head of the pancreas itself.—*London Lancet.*

## Reports of Medical Societies.

Proceedings of the Berkshire Medical Society.—June 25th, 1862, the Society met at Pittsfield, in the Chemical Hall of the Medical College.

Dr. Collins, the retiring President, invited to the chair and presented to the Society his successor, Dr. Selden Jennings, who with a few appropriate remarks accepted the post for the year, and promised a faithful discharge of its duties.

After the reading and approval of the minutes of the annual meeting, the President presented a letter from Dr. Cotting, Recording Secretary of the Massachusetts Medical Society, in which Pittsfield was designated as the place of its next annual meeting—time, the third Wednesday in June, and Dr. Timothy Childs was announced as the Anniversary Chairman.

Dr. Miller stated that he had proposed the name of Dr. Henry H. Childs, and that it was for him that the vote was given.

Dr. H. H. Childs would gladly waive his claim in favor of his son, but his son was no longer a resident of Berkshire, and might not be present. He congratulated the Society on the proposed visit; summed up its advantages, and was in favor of immediately proceeding to the choice of the other members of the Committee of Arrangements.

After some discussion, the President was authorized to appoint for this purpose five members, which he did as follows: Messrs. C. T. Collins, C. C. Holcomb, A. M. Smith, Geo. C. Lawrence, and J. L. Miller.

In the discussion of the subject it became evident that hospitality and zeal for the honor of the profession were the ruling motives of action.

Dr. A. M. Smith introduced the subject for discussion, viz., *Puerperal Convulsions*, by reporting the following cases.

Case I.—Season, spring. Age, 40. Temperament, lymphatic. Third pregnancy, at term. Result, death of mother and child. This patient was seen by Dr. Smith only a half hour before death; labor had lasted thirty-six hours; only one convulsion took place. The patient had been managed by a "hard-hearted and soft-headed nurse;" she had had but little exercise, had lived high. Her weight was 250 pounds.

Case II.—Season, autumn. Age, 26. Temperament, nervous. Third pregnancy, at term. Result, mother and child saved. Labor of twelve hours' duration. Coma for six hours. Convulsions for eight hours. Treatment, "heroically bled." She was about the house in a week.

Case III.—Season, spring. Age, 20. Temperament, nervous. First pregnancy, at term. Result, mother and child saved. Convulsions came on after delivery, five in number. No coma. Treatment by anodynes.

Case IV.—Season, spring. Age, 26. Temperament, lymphatic. Second pregnancy, at the eighth month. Result, recovery of mother, loss of child. Convulsions lasted twelve hours, labor eight hours, coma forty-eight hours. Treatment, venesection and anodynes. This was the second labor at the eighth month; the previous labor had been like this one in every respect. Since the last, she has had an abortion, also attended with convulsions, but her health is still good.

Dr. Smith said he expected to find a difference of opinion on the subject of the treatment of puerperal convulsions. He recognized the hysteric, epileptic and apoplectic forms of the disease; had regarded the two latter as imperatively demanding venesection, but endeavored also to remove the exciting cause, and diminish irritability by narcotics.

Dr. Stiles stated that he had bled but once in his practice, and that was in a case of puerperal convulsions with albumen in the urine, in which both mother and child were lost; that was eight years ago, and now he would employ a very different treatment. He reported the following case, occurring in April last. Age, between 20 and 25. Temperament, lymphatic. First pregnancy, at term. Result, mother and child saved. Treatment, etherization, cupping of neck. Duration of labor, twelve hours; convulsions commenced with the first symptom of labor; coma after first convulsion, lasting twenty-four hours. Dr. S. thought the epileptic, apoplectic and hysterical forms of puerperal convulsions but grades of the same disorder, and that toxæmia was the cause, other conditions also having an influence. The greater the proportional development and activity of the spinal system, the greater was the liability to convulsions. Opium would produce tetanic spasms in a reptile, and convulsive twitchings of the muscles in the dog or rabbit; children were more liable to eclampsia than adults, from this cause. The experiments of Chossat proved that in inanition or wasting disorders the nervous system scarcely loses in weight. It is rare to find the central nervous system suffering with the rest of the body; even at the close of wasting disorders the intellect is often clear and active. It is possible to render the nervous system predominant over other systems. Females, both naturally and from their mode of life, particularly puerperal females, are on this account more disposed to convulsive disorders. The female brain averaged one eleventh ($\frac{1}{11}$) less than the brain of the male.

Eclampsia and epilepsy differ only in their march. Their causes are of two kinds: 1st, mechanical, as when a spiculum of bone irritates the brain, or as in the artificial epilepsy produced in the lower animals by a hemi-section of the cord in the dorsal region. 2d, from substances in the blood, as strychnine, opium in the lower animals, and from organic poisons, as in *trismus nascentium.* The capillaries of the central nervous system are well supplied with muscular fibres; in no region can they be better studied. It is possible by acting on the sympathetic nerve by galvanism to contract the capillaries to such an extent that scarcely a drop of blood shall pass through them, as in experiments on the submaxillary gland. The symptoms of epilepsy and eclampsia are those of a sudden contraction of the capillaries of the brain and spinal cord; the convulsions result as they do in death from hæmorrhage; the loss of vision which immediately precedes the onset of the convulsion, was from this cause, just as it occurs on rising from a sitting or recumbent posture to an erect one. There is a *vis medicatrix* in the central nervous system protecting it from over-stimulation. When irritated from any cause, the nervous agent overleaps its usual channels, acting on the sympathetic nerve like galvanization in the experiments alluded to; blood is driven or barred from the cord, and that suddenly, producing the immediate onset of convulsions.

Pregnancy is a source of stimulation to the cord. In women dying in childbed the cord is found congested in the lumbar region, but this is insufficient to account for the disease. Neither is the predisposition to convulsive disease, in the female with any eccentric exciting cause whatever (as indigestion, constipation, hæmorrhoids, irritation of the bladder, pressure on the perinæum), sufficient to account for the convulsions, else they should be much more common. Albumen had often been found in the urine, and would be found much oftener if sought for; but even when it is not found, it is no proof that the blood disorder which gives rise to its secretion may not have made considerable progress. The presence of albumen in the urine had been attributed to the pressure of the gravid uterus on the emulgent veins; it would be more proper to look to its pressure on the diaphragm. He did not believe that the convulsions accompanying albuminuria were due to either urea or carbonate of ammonia, but rather to organic poisons, resulting from disassimilation, or an improper constitution of the organic constituents of the blood. Imperfect respiration, crowding, sedentary habits, the loading of the blood with excreta from the tissues both of mother and fœtus, were the most probable causes. He thought the disorder most frequent in the spring, from the winter's confinement to the house, from the seclusion of the pregnant female. *Trismus nascentium* could be traced to breathing a noxious atmosphere; tetanus could very often be traced to the same cause—hysteria, neuralgia, also. He therefore discarded venesection, employed anæsthesia, morphine hypodermically, and sought to diminish sources of irritation; but prophylaxis was more important.

Dr. F. A. Cady reported the following cases:—

Case I.—Season, summer. Age, between 20 and 30. Constitution rugged, plethoric habit. Third pregnancy, about six months advanced; labor brought on by a fall. Result, death. Treatment, bloodletting abundantly. About twenty convulsions occurred in a period of eight hours.

Case II.—Season, autumn. Age, 20–30. Temperament lymphatic. First pregnancy, at term. Convulsions came on twenty-four hours after delivery. Result, mother and child saved. Treatment, cathartics, enemata. About five convulsions occurred; they ceased when the bowels were moved; the coma also.

Case III.—Season, summer. Age, 20–30. Temperament, nervous. Second pregnancy, four months advanced. Result, recovery. Treatment, venesection, anodynes. Convulsions came on with labor pains, and ceased on delivery and the administration of anodynes.

Case IV.—Season, summer. Age, 15–20. Temperament, lymphatic (pale and fat). First pregnancy, at term. Result, death of mother and child. Treatment, venesection, cupping, anodynes. Convulsions of one side only, paralysis of the other. Forceps delivery. Convulsions came on an hour before delivery, and coma lasted from delivery to death.

Case V.—Season, spring. Age, 20–30. Temperament, lymphatic. First pregnancy, eighth month. Result, recovery of mother, death of child. Treatment, venesection, anodynes, enemata, counter-irritation to spine. Coma came on with the third convulsion and lasted forty-eight hours after delivery. Mind wandering for several days. The child had been dead for several days, at least.

Dr. Cady thought an exaltation of the *reflex action* of the cord, under the influence of pregnancy, was a sufficient predisposing cause of puerperal convulsions to permit exciting causes of various kinds to call forth convulsive action.

Dr. C. E. Brewster reported eight cases, as follows:—

Case I.—Season, summer. Age, between 15 and 20. Sanguine temperament. Second pregnancy, at term. Treatment, venesection and anodynes. Mother recovered, child survived. No convulsions after venesection. Duration of labor, twenty-four hours.

Case II.—Feb. 24th, 1860. Age, between 20 and 30. Plethoric habit. Fourth pregnancy, at term. Convulsions came on four hours after delivery; the patient had left her bed and walked about. Death in thirty-six hours after the first convulsion. Treatment, counter-irritation to spine, injections, and venesection after second convulsion.

Case III.—April 24th, 1854. Age, 20–30. Plethoric habit. Third pregnancy, at term. Convulsions twelve hours after delivery—exciting cause, improper diet. Coma after two or three convulsions. Recovered. Treatment, venesection, cathartics, injections, counter-irritation. Recovery slow.

Case IV.—July 8th, 1855.—Age, 20–30. Robust constitution. First pregnancy, at term. Convulsions came on twenty-four hours after delivery. Coma with first convulsion. Recovery. Treatment, venesection, cathartics, counter-irritation. Only two convulsions occurred.

Case V.—July 14th, 1847. Age, 20–30. Robust constitution. First pregnancy, at term. Coma with first convulsion. Duration of labor, twenty-four hours; delivery with forceps. Two convulsions occurred. Mother recovered; child survived. Treatment, venesection, anodynes. No convulsions after venesection. Cause, pressure on perinæum.

Case VI.—September 13th, 1850. Age, 20–30. A robust, colored woman. First pregnancy, at term. Labor began with convulsions and coma, and lasted twelve hours; coma and convulsions for twenty-four hours. Mother recovered; child survived. Treatment, venesection, cathartics, anodynes. Mind wandering for several days.

Case VII.—Seen with Dr. Cady and reported with his cases, No. 5.

Case VIII.—Was seen in consultation; moribund.

Dr. Brewster laid little stress upon the theories of puerperal convulsions; the symptoms he had regarded as those of congestion of the central nervous system. He had reliance on venesection, and counteracting the exciting local cause; thought his experience militated against the theory of blood poisoning from defective respiration. The majority of his cases had been of robust, plethoric, hard-working active females, and had occurred in the summer or autumn, under outdoor exercise, pure air, and active respiration.

Dr. C. C. Holcomb reported the following cases:—

Case I.—Season, spring. Age, 20–30; pale, lymphatic female; second pregnancy, at term. Result, death of mother and child. Treatment, venesection. Convulsions for five hours, and coma from the first hour to death.

Case II.—Season, spring. Age, 20–30. Robust constitution. Second pregnancy, at term. Result, mother and child saved. Treatment, venesection, and anodynes. Coma for twelve hours after delivery.

Case III.—Season, winter. Age, 20–30. Robust constitution. Second pregnancy, at term. Result, death of mother, child saved. Treatment, venesection. Patient became comatose immediately after delivery; lived five hours.

Case IV.—Season, spring. Age, 20–30. Pale, lymphatic female. First pregnancy, at term. Result, mother died, child saved. Convulsion and coma came on forty-eight hours after delivery; death in two and a half hours.

Dr. Holcomb stated that the majority of his cases were second labors; it should be taken into account that first labors were more numerous than successive ones. His cases had been marked by the premonitory symptom of sudden blindness, or a bright object seeming to move before the eyes.

Dr. H. H. Childs stated that there was no doubt that a great majority of the cases of puerperal convulsions were in first pregnancies.

Dr. Starkweather reported a case of convulsions in first a pregnancy, resulting from a fall, in which he attempted to bleed, but the blood would not flow. He cupped the spine and back of the neck, and employed counter-irritation. Convulsions lasted eight hours. Death, in coma, an hour after delivery.

Dr. Jennings reported—

Case I.—In December. Age, 41. Robust constitution; first pregnancy, at term. Result, recovery of mother, death of child. Treatment, copious bleeding four times. Perforated the head and delivered with forceps; enema, cathartic; pulse between 60 and 80. Patient well in two weeks.

Case II.—In August. Age, 28. Nervous temperament. Second pregnancy, at sixth month. Result, death. Treatment, copious venesection. Convulsions for four hours; death an hour after delivery.

Case III.—In March. Age, 18. Robust constitution; sanguine temperament. First pregnancy, about fifth month. Result, death. Treatment, fluid ext. of Cannabis Indica. Sinapisms to spine. Convulsions of a tetanic character. No convulsions after delivery; death in four hours after.

Dr. Collins invited the Society to meet at his residence in Great Barrington, and dine with him, at its next meeting. The invitation was accepted, a vote of thanks was passed, and the Society adjourned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 17, 1862.

**Lambert's Elastic Tourniquet.**—If there ever was a time demanding the exercise of the highest powers of human ingenuity in contriving methods for protecting and preserving the lives of soldiers in camp and on the field of battle, now is the time and this is the country which should call it forth. The past year's experience shows that the national mind is most actively engaged in this work. Very numerous and useful sanitary suggestions have been made, and many valuable lives have doubtless been saved thereby. Perhaps the most efficient agent that has ever been proposed to diminish the fatality of the battle-field, is the little instrument the name of which stands at the head of this article. Those who have not looked into the subject hardly realize how great is the mortality in battle from hæmorrhage alone. Sir George Ballingall says that "three fourths of those killed in battle are supposed to die from the escape or extravasation of blood." It does not follow that because no large artery is wounded, a comparatively rare occurrence, hæmorrhage is not to be dreaded. The vital fluid may ooze away gradually from an incised or lacerated wound, when the unfortunate sufferer may be lying for hours on the field—a wound in itself not likely to be fatal—until complete exhaustion prevents the reaction of the vital powers. Now all such cases may be saved, as well as the graver ones where large arteries are involved, by this simple instrument, which every soldier can apply, for himself, and which every soldier ought to have.

Lambert's tourniquet may be described as consisting of two concavo-convex metallic plates, one for pressure over the principal artery of the limb, the other for counter-pressure. From each end of these plates springs a wing, which is connected by a hinge-joint for purposes of packing, but which in use stands off at a tangent from the limb, in the same general direction as the compressing pad. A short strap of inelastic webbing is attached to one of the wings of the compressing pad, and passes through a loop at the back of the opposite pad and over the ends of the wings, which latter hold the strap off from the limb itself. The effect of this contrivance, when the tourniquet is applied, is to ensure the most thorough compression of the artery without the least strangulation of the limb. The short inelastic strap is buckled to a long elastic one, which is to be wound around the limb, carrying it across from the wings of one pad to those of the other. Practical experiment has shown us that in this way the current of the artery may be completely stopped, and yet collateral circulation may go on under the bridges above and below, made by the elastic strap and the wings. Nothing could be more admirable. The instrument is very portable, and is packed in a small box which might be easily carried in the pantaloons pocket. Our present purpose is to urge its adoption in every regiment of the army, not for the exclusive use of the surgeon, but to be carried by every man for his own preservation. The United States Government have already adopted it as a field tourniquet to the exclusion of all others, but the limited number supplied is quite insufficient for the desired purpose. Army surgeons have estimated that, if furnished to each soldier, *at least five per cent.* of those fatally wounded might be saved. The manufacturers furnish it at a very low price, so that the cost need be no serious obstacle to its being supplied to every soldier. That it is a real life-preserver, and would be of incalculable value if generally used, is proved by the fact, of which there is reliable evidence, that at least two hundred lives have already been saved by it, which would else have ebbed out on the field of battle before aid from the surgeon could have been obtained.

An effort is making to induce the legislatures of the different States to furnish at least fifty of these tourniquets to each hundred men that they send into the field, to be carried in the pockets of the soldiers themselves ; one for each man would be better, and the cost is trifling. Already has this provision been made by the legislatures of Connecticut and New Hampshire, and by the Governor of Maine, for the troops of their respective States. As yet nothing has been done in Massachusetts, but the matter is too important to be allowed to wait for the tardy assembling of the next legislature. If it can be done in no other way, a subscription should be raised at once ; and there can be no question the money for such a purpose could be obtained in a single day.

In conclusion, we may say that this instrument answers all the purposes for which a tourniquet is ever employed. For the compression of arteries for the cure of aneurism, should a screw and pad be desired in addition to the means of pressure which it provides, for the trifling additional expense of twelve cents these can be adjusted to it.

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NEW ENGLAND SOLDIERS' RELIEF ASSOCIATION, NO. 194 BROADWAY, N. Y.—This Association, representing the Sons of New England resident in the city of New York, was organized—" *To procure the necessary means, and to provide suitable care, attendance and accommodations for the sick, disabled and wounded New England soldiers, as they pass through the city on their way homeward from the war.*" MEDICAL BOARD :—E. R. Peaslee, M.D., *President;* Louis A. Sayre, M.D., *Vice President;* W. R. Donaghe, M.D., *Secretary.* *Visiting Surgeons:*—Drs. F. J. Bumstead, W. R. Donaghe, E. R. Peaslee, H. B. Sands, L. A. Sayre, W. H. Van Buren. *Visiting Physicians :*—Austin Flint, A. K. Gardner, Horace Green, E. W. Lambert, B. W. McCready, A. Underhill, J. Worster. Alfred North, M.D., *Resident Surgeon.—American Medical Times.*

ROOT OF A CANINE TOOTH LODGED IN THE THICKNESS OF THE LOWER LIP, SIMULATING A CANCEROUS TUMOR.—M. Landyck, of Dunkirk, has published this case, referring to a lady forty years of age. She had always suffered with her teeth, and had but a few incisors left, the rest of the jaws presenting roots more or less firmly wedged, and alveoli more or less decayed. Towards the end of the year 1854, she felt a small tumor forming in the lower lip on the left side, which tumor soon filled the space below the internal aspect of the lip and gum. Pain was subsequently experienced, and a few months afterwards the patient could hardly eat. She sent for M. Landyck, who discovered a large tumor situated as above described, and ulcerating. Ablation was not proposed, as the lady was very nervous, and cauterization was resorted to. In the meanwhile parturition took place quite normally, and, whilst using the caustic some time afterwards, M. Landyck felt a hard substance in the tumor; by then making a crucial incision, he discovered a long root of the canine tooth, covered with a thick layer of calcareous matter. It was placed horizontally, the apex turned towards the lip, and its upper part adhering to the bone. This being removed, the tumor disappeared and the patient was freed from all uneasiness.—*Lancet.*

DR. JAMES G. BRADT of Lowell, Assistant Surgeon of the 26th regiment, has been commissioned as Surgeon, and Dr. Lemuel M. Willis of Lynn, as Assistant Surgeon of the same regiment.

## VITAL STATISTICS OF BOSTON.

### FOR THE WEEK ENDING SATURDAY, JULY 12TH, 1862.

### DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 43 | 39 | 82 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 39.1 | 35 3 | 74 4 |
| Average corrected to increased population, | .. | .. | 83.05 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 14 | 4 | 0 | 5 | 1 | 1 | 2 | 3 | 0 |

### METEOROLOGY.

*From Observations taken at the Observatory of Harvard College—For the week ending June 28th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29 988 | Highest point of Thermometer, | 81 0 |
| Highest point of Barometer, | 30 240 | Lowest point of Thermometer, | 50 0 |
| Lowest point of Barometer, | 29 770 | General direction of Wind, | West. |
| Mean Temperature, | 64 9 | Am't of Rain (inches), | 2.13 |

For the week ending June 14th. omitted in our last issue:—Mean of barometer, 29 935; highest point of barometer, 30 184; lowest point of barometer, 29 564. Mean of thermometer, 61 8; highest point of thermometer, 81; lowest point of thermometer, 45. General direction of wind, W.S.W. Amount of rain (in inches), 0 15.

For the week ending June 21:—Mean of barometer, 29 955; highest point of barometer, 20 333; lowest point of barometer, 29.610. Mean of thermometer, 69.8; highest point of thermometer, 80; lowest point of thermometer, 41. General direction of wind, S W. Amount of rain (in inches), 0 00.

BOOKS RECEIVED.—A New Edition of Dr. Walshe's Practical Treatise on Diseases of the Heart. (From Blanchard & Lea.)

DEATHS IN BOSTON for the week ending Saturday noon, July 12th, 82. Males, 43—Females, 39.—Abscess, 1—accident, 4—congestion of the brain, 2—disease of the brain, 4—inflammation of the brain, 2—cholera infantum, 4—cholera morbus, 3—consumption, 14—convulsions, 3—diarrhœa, 1—dropsy, 3—dropsy in the head, 3—drowned, 4—dysentery, 2—epilepsy, 1—scarlet fever, 5—typhoid fever, 3—gastritis, 1—disease of the heart, 6—hernia (strangulated), 1—intemperance, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 1—paralysis, 2—pleurisy, 1—premature birth, 1—scrofula 1—small-pox, 1—tonsillitis, 1—unknown, 1.

Under 5 years of age, 28—between 5 and 20 years, 8—between 20 and 40 years, 24—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 54—Ireland, 20—other places, 8.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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## POTT'S DISEASE OF THE SPINE.

By Charles H. Spring, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Case III.*—This patient—a daughter of Mr. Rufus S——, of this city—became affected with caries of the spine at two years of age; the disease involving the ninth and tenth dorsal vertebræ, resulting in a somewhat extensive curvature. She became very much emaciated, and unable to stand, unless assisted by an attendant, and supported the weight of the body by resting her hands upon her knees. The spine was bent quite sharply at the point of disease, instead of forming a longer curve, as is more frequently the case in the advanced stages.

She came under treatment a year and a half since, at which time the disease had been progressing for two years. There was great difficulty of respiration, and the frequent attacks of pain in the bowels were a source of great suffering. The appearance of the patient at this time is shown in the cut (Fig. I.).

The method of treatment adopted was the application of mechanical support, with tonics and as generous a diet as the patient was able to take. The apparatus was so applied as to support the weight of the body and upper extremities from the hips, with moderate pressure upon the curvature. Under this treatment the patient began to improve, and gained strength for several months, when she was removed to New Brunswick, after which I did not see her for six months. Meanwhile the external support was not continued, and the little patient grew worse rapidly. In January last she was brought back to this city; upon examination at that time, a tumor was found at the side of the spine and below the point of the disease, which was slightly fluctuating, indicative of a lumbar abscess; a second abscess was forming on the upper part of the thigh, just below Poupart's ligament. Iodide of potassium was prescribed, and different preparations of iodine applied externally, with but little apparent effect. There was entire loss of motion in the lower extremities, with inability to control the fæcal or urinary discharges. The abscesses formed slowly, and early in March that in the femoral region exhibited distinct fluctuation, and was opened by a free incision, discharging eight ounces of pus, abounding in flakes of lymph and shreds of broken-down tissue. The lumbar abscess was opened a few days afterwards, discharging about four ounces of pus. These continued to discharge for six weeks, when they closed by the use of pressure constantly applied; since which time there has been no tendency to the further formation of abscesses. During the discharge of pus the patient became very much reduced; but after it ceased she gained rapidly, fully recovering from the paralysis of the lower extremities, and is now as healthy and strong, apparently, as other children at her age.

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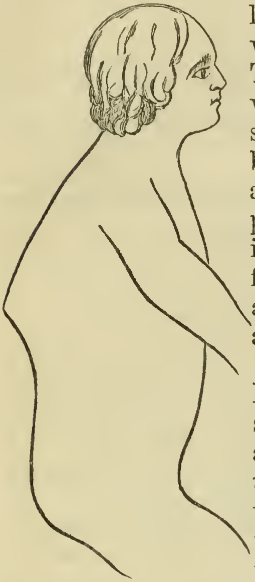
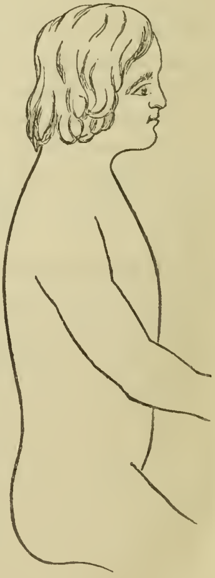
* Cases I. and II. were reported in February last.

Fig. I.



After fluctuation was distinctly felt below Poupart's ligament, the tumor was lessened in size by placing the patient upon her back, and an impulse given to it when she made an effort to cough, as is usually the case in the formation of psoas abscess. The lumbar abscess was materially diminished after opening the first one, but as there still remained an accumulation of pus, which showed evident signs of opening upon the surface, it was deemed advisable to lance it. During the time that the abscesses were forming, the mechanical support was continued, and as much pressure applied upon the curvature as the condition of the patient would admit; this was more easily accomplished as the abscess was below the prominence of the curvature, and was not disturbed by the pressure applied at the latter point. The result of the applied pressure was that the curvature has been greatly reduced, and the back now presents the appearance shown in Fig. II. During the treatment of this case, the patient has been allowed to move about as much as she felt inclined, except during the time the abscesses were forming and until the discharge had ceased, as the use of the limbs was not regained until that time.

Fig. II.



Case IV.—Miss A., of this city, came under my care for treatment of caries of the spine, in June, 1861. The curvature was both angular and lateral, having for its centre the last dorsal vertebra; the projection was comparatively slight, being less than an inch, though the disturbance to the general health resulting from it was great. She had had almost constant pain in that vicinity for the two years preceding, which was greatly increased by the least fatigue or over-exertion, and which had materially affected her health. There was a partial loss of power in the lower extremities, and, at times, a feeling of numbness in the limbs, which was a source of much annoyance. Mechanical support was applied at once, with manifest relief. During the summer, the patient suffered very much from diarrhœa, which produced great prostration and consequent increase of pain in the back. Early in September she had recovered from the effects of the diarrhœa, and the pain in the back was very much relieved. Much permanent benefit was experienced from the application of leeches at the point of the disease, as it relieved the excessive tenderness and the peculiar throbbing pain that is so frequently felt during the acute inflammatory stage of the disease. The sensitiveness of the whole back was excessive, and was productive of much suffering, with occasional neuralgic pains, which were felt in the back, and at times extending down the limbs. During the winter the curvature was mostly reduced, so that it is hardly perceptible at the present time. As the curvature was reduced, the tendency to paralysis disappeared and the general health has been restored. Citrate of iron and quinia were prescribed, with manifest improvement.

Most of these cases had been treated, previously, after different methods, and with variable results. As long as the patient is confined to the recumbent position, much improvement is made, but when this is discontinued, and the weight of the upper portion of the body allowed to rest upon the diseased vertebræ—as in walking—the whole train of morbid symptoms returns, unless this pressure is obviated by artificial support. In these cases, the patients have been allowed to walk about as much as they felt inclined, without restraint.

*No.* 7 *Harrison Avenue, Boston, July* 10, 1862.

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## POLYPOUS GROWTH IN ONE OF THE COLUMNÆ CARNEÆ.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The following interesting *post-mortem* appearances came under my notice a short time ago; can you, or any of your numerous readers, suggest any symptom or set of symptoms that would lead to a reasonable diagnosis of the conditions developed by the autopsy?

Tuesday, July 1st, Drs. Freeman, Jennings and myself were invited to examine the remains of Mr. A., with a view to determine the cause of his sudden decease on the day previous. The history of the case, so far as we could learn, was as follows. He had been subject to occasional tumultuous action of the heart, with attendant dyspnœa; also to persistent attacks of flatulence, for which he had been treated by Dr. Vermilye. So far as I can learn, no critical examination of the sounds of the heart was ever instituted. For two or three days before his death, the patient seemed rather more unwell than usual; had considerable distress in the præcordial region, with severe dyspnœa; still, he was walking the streets and conversing with friends and acquaintances. On Monday, June 30th, about 11 o'clock, he entered his house, seated himself in a chair, and instantly expired. Deceased was about 80 years old, quite corpulent, and not very infirm.

Dr. Freeman conducted the examination. An incision from between the clavicles to the point of the sternum was made along the median line; the skin and adipose tissue dissected away, and the sternum separated from the cartilages of the ribs and turned back. The pericardium was found distended with a serous fluid, to the amount of about six ounces; the external surface of the heart presented a corrugated appearance, and the organ was rather smaller than usual. The cavities of the left auricle and ventricle, with the mitral valves, were in a normal condition; the right auricle was quite fatty and soft—readily broken down by the thumb and finger; the right ventricle was normal; the tricuspid valve was obstructed by a polypous growth, originating from one of the columnæ carneæ, which was about one inch in length, of the size of a goose quill, attached in the centre and free at both ends; the ends were entangled among the chordæ tendineæ. It was flesh-colored and somewhat softened, but still presented considerable resistance to compression. Lungs normal. Other organs not examined. Yours, &c.

*Newark, Ill., July* 12, 1862. H. C. Robbins.

## AMPUTATION THROUGH THE KNEE-JOINT.

[Communicated for the Boston Medical and Surgical Journal.]

By L. P. Babb, M.D., Eastport, Me.

The first of last April, I amputated *through* the knee-joint, for a disease of the tibia of many years' standing, in the person of one Dean, of Lubec. My patient, though upwards of 45 years of age, much enfeebled by his painful disease, which discharged a very fœtid and ichorous matter, at times bleeding profusely, and who was of a strumous diathesis, not only passed through the operation, under the influence of chloroform and ether, in the proportion of one third of the former to two thirds of the latter, without any untoward symptom, but has made a rapid recovery, without any accident.

I adopted the *circular* process—upon the under side. The skin contracted as the knife was carried round, in consequence of his habit, necessarily, of carrying the leg flexed upon the thigh, to such an extent that the lower surfaces of the condyles were exposed, so much that I was tempted to convert my amputation *through* the joint into one *on the condyles of the femur*, as taught by Prof. Syme, but did not. The condyles were rapidly covered with granulations, and the unfortunate man now sports a finely turned off stump, as also a much improved condition of health.

*July 14th*, 1862.

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## REMARKS ON FUNGI,

### WITH AN ACCOUNT OF EXPERIMENTS SHOWING THE INFLUENCE OF THE FUNGI OF WHEAT STRAW ON THE HUMAN SYSTEM; AND SOME OBSERVATIONS WHICH POINT TO THEM AS THE PROBABLE SOURCE OF "CAMP MEASLES," AND PERHAPS OF MEASLES GENERALLY.

BY J. H. SALISBURY, M.D., OF NEWARK, OHIO.

THE fungi belong to the lowest types of vegetable existence. Unlike the higher orders of plants, they are developed almost entirely in darkness (not being able to decompose carbonic acid under the influence of light), and they depend upon decaying or decomposing organic matter for the materials of their growth. They differ from flowering plants in their chemical influence upon the air. Like animals, they absorb oxygen and give out carbonic acid. Decay is an essential condition to their development. Besides organic decomposition, a certain degree of heat and moisture must exist. These three conditions are requisite, to excite their vegetative activity—but in very different degrees in the different families. There is another peculiarity; their cells contain a large percentage of nitrogenized matter, making their composition more analogous to animal matter, than to the higher orders of plants. Their growth and maturity are usually rapid—requiring often but a few hours—and with almost equal rapidity they decay. The odors they emit in decay are more like those of putrescent animal than of vegetable matter. There are exceptions to this, however, in those families where their textures are of an almost woody firmness and of a slow growth, as in many of the *Polypori* and *Boliti*.

The fungi are variously distributed among organized nature; each species growing only upon such bodies (even though the temperature and moisture be rightly adapted) as will furnish to it the materials from which it can make the proximate products that are peculiar to it. For instance, the gory dew and red snow *(Protococcus nivalis)* form invariably a peculiar red secretion, to which they owe their color; and they will grow only where they can obtain the elements to form this red matter. The yeast plant *(Penicillium)* invariably forms an albuminous secretion, and it will vegetate only in bodies which can supply the materials for this substance. From this it would appear that peculiar states and combinations of organized matter control mainly the developmental distribution of parasitic fungi. The spores planted in their proper soil, only demand in addition a certain amount of moisture and degrees of temperature—these present, they rapidly develop.

Those *Fungi* known by the common name of mould, mildew, smut, &c., attach themselves to and are developed from living tissues as well as from dead organic matter; yet in both cases they depend alike upon decay for their development.

In plants we have common examples of this in the *Uredo*, which attacks the maire plant; the *Secali*, which attacks the rye plant; the *Puccinea*, which attacks the rose bush; the *Botrytis infestans*, which causes the potato rot; the *Merulius lacrymans* and *Polyporus destructor*, which cause *dry rot* in timber; the *Sphæria morbosa*, which attacks plum trees; the *Oidium*, which produces decay in fruit; the *Penicillium* and *Aspergillus*, which attack bread and cheese; and the yeast and vinegar plants, which are submerged stems or mycelia of the *Penicillium*. The savin or juniper tree is attacked by a peculiar genus—*Podisoma*—which bursts from the bark and swells under the influence of moisture to a gelatinous mass; and the black irregular scars on apples are produced by the *Spilocena fructigena*.

Others attack the housekeeper's preserved fruit, paste, mustard, and even clothing. Others the farmer's grain and grass; the vintager's grapes; and the gardener's vines, vegetables and flowers. Scarcely any vegetable production, either living or dead, escapes the ravages of these parasites.

Animals also have their parasitic *fungi*. The disease (in Italy and the south of France) termed *Muscadine*, which sometimes attacks the caterpillars of the silkworm in large numbers, just when they are about to enter the chrysalis state, has been ascertained to be due to the growth—within their bodies—of a minute fungus *(Botrytis bassiana)* nearly resembling the common mould.

It is capable of being communicated from one individual to another. It spreads in the fatty tissue beneath the skin, occasioning its destruction. The fungus spreads by the extension of its own stems and branches, and by the production of numerous sporules, which in their turn vegetate, and finally produce the death of the worm.

The flies found adhering to our windows are destroyed by a mould *(Sporendonema muscæ)* which produces the little white rings between the abdominal segments and discharges its spores upon the glass around like a little cloud. In the West Indies, it is not at all uncommon to see individuals of the species *Polistes* (a wasp-like insect) flying about with plants, their own length, projecting from some part of the body. In time this growth spreads through the whole body, causing death; after which the plants grow with much more luxuriance from the dead body than they formerly had from the living.

A similar growth *(Cordyceps Robertsii)* takes place in the bodies of certain caterpillars in New Zealand, Australia and China. Some of our American caterpillars are destroyed by the *Cordyceps milita-*

*ris.* The *Onygena exigua* attacks the hoofs of the horse, and the hoofs and horns of cattle. (The *Isaria felina* is found in the fæces of cats deposited in dark and obscure places.)

In certain diseased conditions of the cutaneous surface—in man—named *Porrigo favosa* and *Sycosis menti,* a considerable development of fungous vegetation takes place; and the same has been discovered to be true of the white patches *(Aphthæ)* on the lining membrane of the mouth in children, which are known as *thrush.* In all these cases, however, a certain morbid condition of the animal fluids must exist in order that the germs of the fungus may develop themselves; so that the condition, rather than the presence of the fungus must be looked upon as the essence of the disease.* The individual cells and spores of the *Fungi* are microscopic, and so light that they are suspended in and borne about by the air. They are so minute that they permeate alike the tissues of animals and plants. Whenever it happens that the spores enter matter that is suited to their sustenance, and the proper amount of heat and moisture are present, they rapidly develop. It would be very strange if very many abnormal conditions of living tissues were not produced by this insidious vegetation. The plants being mostly microscopic, and requiring often but a few hours for their development and decay, renders their discovery one fraught with far greater difficulty than would at first be supposed. When no development of the spores takes place in the tissues, no doubt in many instances they exercise a deleterious influence by their presence alone, as many of the larger and better known fungi have been ascertained to possess peculiar poisonous properties, which, in their action on the human system, resemble much in their depressing effects the animal poisons.

With these preliminary remarks we enter upon—

*Some observations connected with measles and the fungi of wheat straw.*

Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had contracted them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and were already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odor of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest, his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

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* Carpenter's General and Comparative Physiology.

Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

Saturday, December 7th, felt much better. The eruption had passed downward over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. In the evening of the 9th he called at my office. His eyes were still red, inflamed, and sensitive ; throat sore, dry, and voice hoarse, and had a heavy congested feeling still about the chest. The blotches on the face could be faintly distinguished. He stated that he could still taste the old straw in his throat.

*Measles at Camp Sherman.*—At the military camp—Camp Sherman—Newark, Ohio, the measles first appeared on Dec. 4th, the same day that Mr. Dille exposed himself to the straw dust. From Nov. 23d to 30th, the weather was cool, damp, with considerable sleety rain and snow. During this time (there being between six and seven hundred men in camp), many of the tents were furnished with ticks, which were filled with straw for the men to sleep on. In the centre of each tent was a fire, built in a hole in the ground, from which the smoke was led off by an underground flue, extending to the outside of the tent. The straw ticks were arranged around the fire, several in a tent, and each tick accommodated two men. On Dec. 1st, the weather became colder and snow fell to the depth of about an inch. On the 2d—which was quite warm—this melted and wet the soil and dampened the straw ticks. Dec. 4th, the measles made their first appearance in Camp Sherman. The men came from different parts of the county, and no one knew that he had been exposed to the disease. Some had been in camp two weeks, and no one supposed to have that disease had visited the camp. Subsequent inquiries have failed to discover any one who brought them there, or to account for their appearance from the contagion of the disease. On the first day (Dec. 4th) there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the 14th and 16th the disease again made its appearance, and within a few days there were between forty and fifty cases more, when the disease ceased altogether. These last cases, occurring so near the usual time when the disease ordinarily makes its appearance after exposure, renders it probable that they were communicated from the first cases.*

On the 3d of December it became warm and pleasant as growing weather in spring—and continued warm and delightful till Dec. 10th. On the 11th and 12th it was cold and freezing. The 13th and 14th were cool. From the 15th to the 21st the weather was warm and pleasant.

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* For these facts I am indebted to Hon. J. Dille, and the Assistant Surgeon, Dr. James Hood.

*The following is the statement of Mr. S.*—" In November, 1842, I returned home from school on a Friday. My father had the threshers, with a machine, threshing wheat. The wheat had been stowed away in the mow and in a couple of stacks outside the barn. It had undergone a slight heating, and some of the straw was mouldy. In threshing, the barn was filled with a fine dust, which tasted and smelled of old straw. I was on the straw stack all Friday afternoon and the whole of Saturday. About 4, P.M., Saturday, I became very chilly; throat and fauces became sore and swollen; a tightness and congested feeling about the chest; eyes inflamed and sensitive; and severe pains through the head and shoulders, with a feeling of weariness. Following the chill, came on a high fever, with increased pains and throbbing in the head and severe catarrhal symptoms. I do not remember of ever passing a more disagreeable night. The next day (Sunday) had a high fever, with severe pains in head, back and limbs; eyes swollen and sensitive, and considerable thin mucous secretion from the nose and fauces. Towards evening a few blotches made their appearance on my face. The following day (Monday) I felt rather better; the fever and catarrhal symptoms had partially subsided, and my face and neck were completely covered with blotches. My father immediately remarked that I had measles. This surprised us all, as I had not been exposed to the disease, there being none in the town where I was attending school, or in the vicinity. In the course of a couple of days, my whole body and limbs were covered with the eruption. The disease passed off like a case of ordinary measles, leaving no bad effects, save inflammation of the mucous membrane of the eyes. This I did not get rid of till the warm weather of the following spring. In from seven to fourteen days after the eruption commenced in my case, all my brothers and sisters (seven in number) were in bed with the genuine measles. My eldest brother attended school with me, and returned home when I did. These were the only cases of measles anywhere in the vicinity during that fall and winter. In my attack the disease commenced with much greater violence than in either of the others. The fever ran higher, and there was greater disturbance about the head, chest, and throat."

Bearing upon this may be mentioned the circumstance, that in almost every instance where our soldiers have gone into camp, after a short time the disease—called *camp measles*—has made its appearance, without any previous exposure—so far as known—to the measles. It should also be stated that their beds have been usually straw.

At the monthly meeting of the "*Farmer's Club*," near Newark, Ohio, last month, several of the farmers stated to Mr. Dille, that it was quite common, after threshing wheat, for persons who had been exposed much to the dust, to be taken with severe chills; followed by a high fever, catarrhal symptoms and an eruption on the face. None of them could state, that any one had ever had the attack twice; nor whether they had known any cases to follow the threshing of any other kind of grain than wheat.

It is well known among swine growers, that when they bed their hogs in straw, they are affected with an eruption in the throat, fauces and roof of mouth, accompanied with coughing.

*Microscopical Examination of the Fungi of Wheat and Rye Straw.*—With these observations before us, we deemed the subject one worthy of a further and more careful examination; an examination which would afford something more positive. With this view, the fungous growths of wheat straw, and the dust rising from it when disturbed, were carefully examined under the microscope. The straw used for this purpose was taken from the beds at Camp Sherman, from Mr. Dille's stable, and from stacks in the vicinity of Newark.

We then took clean bright wheat straw—free from fungi—packed it firmly into a box about one foot square and high, wet it with about four ounces of cold well-water, pressed on and secured the lid, and set the box near the stove in the office, where the temperature ranged from 60° to 75° Fahr. Twenty-four hours afterwards I opened the box, and found the straw in the centre of the box heated and covered with a short white mould. As the straw was stirred, a fine dust of spores and cells were disengaged, and rose in the air, which, when inhaled, had the odor and taste of old straw. Examined the fungi under the microscope. The plants were in all stages of development, from those just starting to those with matured sporangia.

Again the straw was moistened, the lid secured as before, and left for forty-eight hours. The box was then opened. Found the mould had extended wider through the mass and more completely covered the straw. Submitted the plants to a further careful examination under the microscope.

We further varied the experiments in a variety of ways, and found that whenever the straw was exposed to a certain temperature, under the influence of darkness and moisture, fungi were rapidly developed. We also found that wheat or rye straw when stacked out or housed, unless unusually dry, undergoes a greater or less degree of heating, fermentation or decay, during which process a variety of fungi are developed, having the appearance of mould or mildew on the straw. When this straw is disturbed or agitated in any way, the surrounding air becomes filled with innumerable spores and cells of the broken and comminuted fungi. The individual cells and spores are too minute to be distinguished by the naked eye. They can only be seen when many are together and the air filled with them; then they appear like a thin smoke or fine dust. Suspended in the air they are freely inhaled, tasting and smelling of old straw. This taste and smell is often quite persistent, lasting for hours. The air may be filled with them, though in-visible to us; but generally their presence can be discovered by the taste and smell.—*American Journal of the Medical Sciences.*

[To be concluded in our next.]

## Bibliographical Notices.

*A Practical Guide to the Study of the Diseases of the Eye; their Medical and Surgical Treatment.* By Henry W. Williams, M.D., Fellow of the Massachusetts Medical Society, Honorary Fellow of the Rhode Island Medical Society, Member of the American Medical Association, &c. Boston: Ticknor & Fields. 1862. 12mo. pp. 318.

Dr. Johnson tells us that when he was employed on the *Gentleman's Magazine*, by Mr. Sylvanus Urban, in St. John's Gate, London—before which Gate we reverently stood more than fifty years since—he never cut the leaves of a book he was set to reviewing, but turning over signature after signature, he found enough reading lying between them, to get at the object of the author, and how he had accomplished it. In other words, the great lexicographer never cut the leaves of a book in order to review it. The later reviewer always finds the leaves cut—a hint that he must read his author. As he does not pretend to the second-sight of Mr. Edward Cave's employée, he has an additional motive to read the book upon which he is called to pass sentence. We have done this diligently and with much pleasure in regard to the work above-named, and propose to offer to the readers of the Journal some account of it.

Our author is a specialist. He has devoted himself to the study of the diseases, and their treatment, of an organ of special sensation. His preparation for these important offices he has made by long study both at home and abroad, and by the wide practice to which his distinguished reputation has given him. Specialism has its advantages. It is division of labor—an institution, if we may so call it—which has come to us from antiquity, for *ne sutor*—is classical, and the division was made long before that wise saying, and was never more practically present than now. There is some danger with its benefits. A successful specialist is sure to have followers, but it is by no means certain that they will have his preparation; and so, "fools rush in, where angels fear to tread." Medicine divided its labor very early, into medicine and surgery—the work of the mind, and the work of the hand; but always with such union of both in preparatory study, as to secure to each the important knowledge of both. Thus we find, both at home and abroad, the student is obliged to study all the branches of his profession, both direct and collateral, that he may successfully devote himself to either. We see in this that a true specialist must be thoroughly taught in everything else pertaining to his *divine art.* We have reason for dwelling on this subject, for the world is filled with specialists who know nothing of medicine or surgery, who still are successfully pressing their claims on the community's patronage by vaunted successes which they never achieved, and which are vouched for by clergymen, lawyers and others, who are as ignorant of medicine and surgery as they are of the methods and medicines of the vulgar empiricism which they in ways most unprincipled recommend. Thus we have Indian cancer doctors who advertise that they have removed, and have bottled up at their offices, cancers weighing many pounds, in excellent preservation, with certificates of clergymen that they have seen them, and know or believe them to be veritable cancers. Suppose, for a moment, that physicians were to become religious specialists, set up Chapels of Ease for the cure of certain sins, and then fill the —— —— or the —— —— —— with certificates that Mrs. ——— had been cured of a monstrous tumor of vanity, pride, and all ungodliness, and which might be seen under the —— —— hotel, with the certificates of many clergy, &c. &c., and that there is no apparent return of the complaint. In other words, what would be thought of such specialists in theology? Would the clergy manifest so much christian, and other patience, under such trials, as have physicians and surgeons under like insults?

Our author is a specialist. He is thoroughly educated as physician and surgeon, as are all graduates in our Universities. A distinction is made abroad between physicians and surgeons, at least as it regards *titles*. Thus a surgeon in England is never complimented by being called doctor. Mr. Abernethy was especially annoyed by the title. We were in Manchester, Eng., a few years ago, and had a letter to one of the best modern contributors to medical and surgical literature. The letter was handed to Mr. ——, and he was addressed as doctor. He at once said, "I am not a doctor, but a surgeon." The jealousy of surgeons in this matter, if memory serve, grew out of the important public services rendered by army surgeons in the Peninsular war. Now as it is well known that distinguished foreign surgeons do practise medicine, strictly so called, and write medical books, and excellent ones too, the unwillingness to be called doctor is not easily explained. Our author is a specialist and a surgeon, but he is obliged, as do surgeons abroad as well as at home, to study and to practise as doctor or general practitioner also; and we cannot see how they can be annoyed, or lose *caste*, by being called doctor.

We have said our author is a specialist. His work is before the public, filled with the wisdom which comes of large observation, and unprejudiced thought. The important questions in the author's mind have been, what *not to do*, and, *what to do*. And in order to answer them for himself and for his profession, he begins by pointing out in sufficient detail what are precisely the diseases to which these questions, so to speak, are to be put. The descriptions are short, but contain not only salient points, but sufficient detail to enable the student or practitioner to understand the author, and to get from him both direct and differential knowledge. We like his method of treating subjects. He begins by pointing out what is *not* to be done. In other words, he states what has been done, which he thinks does not stand the test of the latest experience; and if methods are spoken of as having been useful, later discovered ones, he thinks, have been proved, by his own experience, to be better. Thus lead and nitrate of silver lotions, or collyria, which have been so long used, are replaced by our author by others which are equally useful, and which are in no degree liable to the objections which are well known to attach to the former. Much stress is laid upon the importance of having regard to the general health in the treatment of local, or eye diseases. This is an extremely important matter in the management of such maladies, especially in cases where one eye only is attacked, for in no other way may we do so much to prevent the occurrence of the same disease in the other eye.

Another matter of much importance is the rules which the patient himself may follow in the management of his case, and so avoid constant professional attendance; and so are the hints on the importance of hopefulness on the part of the patient, and of the great, almost paramount virtue of patience in both patient and doctor. We remember a case which shows the reasonableness and positive advantages of the practice of this virtue. An elderly lady, from the Provinces, whom we many, many years ago, attended, came to Boston not long since, having cataracts which had slowly, and almost entirely destroyed vision. She had been advised at home to employ our author, and called upon us to be, as a friend, present at his operations. Mrs. —— could see to get about, as the phrase is, pretty well; was not entirely helpless. The operations were done; the cataracts were broken up, and by their fragments destroyed what sight remained. This was an unexpected result to Mrs. ——, as she felt she was to have seen better. In a few days Mrs. —— went home, utterly hopeless of recovery, and bitterly lamenting her unwise visit to Boston. Weeks and weeks passed, and letters upon letters came. The answers were encouraging—and promises of seeing were more and more strongly given. At length dawn began to break upon this Polar night. Faint and feeble were its earliest beams. They grew stronger and brighter, until there came the "perfect day." Cataract glasses were sent, and did beautifully. Mrs. —— is now one of the most cheerful of elderly ladies, and we are sure will never forget the painless operations—the cheerful, steadily-expressed hopefulness of her best friend, our author. Thus does the moral enter into our professional duties. Thus does it add to the physician's power. Who that has been long in the responsible, sometimes most painfully responsible service of medicine, has not seen the effect upon the desponding—the despairing, of that short sentence, "*you will certainly recover.*" How nearly related is this declaration in its effect, to those divine words, "Be thou healed," "Take up thy bed and walk."

Our author's work is especially valuable to medical men, who, living remote from great cities, find it very difficult to get works, particularly those of the specialist, which offer the latest discoveries and improvements in medicine. The author has admirably supplied this want. He gives us, and all, the latest knowledge which his own observation, and trial, and that of others, have proved to be most useful, and in such detail as that all may use it. General directions have so wide a margin for ignorance to declare itself, that we are thankful to him who tells us the whole story of professional duty, and how to do it.

Another matter for thanks. Our author shows how dangerous is "domestic medicine" in its application to eye disease. The good lady has a kind heart who sends for the eye-stone, with which to remove some sand, or other matter which has found its way beneath the lids. "Be sure you get a *live* one, for a dead one will be worse than what has got into that eye." "Here, get some vinegar, and put the stone into it. If it crawls, or jumps, it is surely alive, and will soon do the job." Our good lady is neither mineralogist, nor chemist. And then tight bandaging the eye which is blood-shot, or in which is a foreign body—and domestic lotions of all sorts and from various sources, all of which may produce irritation, or inflammation, with not unfrequently disastrous results to the organ so unwisely treated—all these modes of domestic medication are to be avoided; and if morbid conditions are thought to demand medical treatment, let some skilful person be consulted, and let his advice be honestly followed. The eye is a very hardy organ, and will tolerate much abuse. But when it fairly gives out—becomes radically diseased—it very slowly gets back again into health. Into no organ does such variety of structure enter as in that of the eye. Its perfect health and use depend entirely upon the harmonious action of all its tissues. It is an optical instrument, constructed of many translucent substances of different densities, situated one behind another, after such a maner that the most perfect adaptation to distance, colors, &c., is the result—the nearest and most far off objects being seen in the most satisfactory and perfect manner. It is a voluntary organ, though unconscious of volition—under ordinary circumstances; and then by itself, its own innate power—performing for us experiments of exquisite beauty in themselves, and ministering daily and hourly to our perception and enjoyment of the beautiful which lies in every path of duty or of pleasure. How strong are the demands of this wonderful organ for its best uses in health, and the wisest medication in its diseases!

Our author devotes much space to the treatment, or management of the eye, during the stage of convalescence. When shall the eye which has been diseased be brought into use, and how? When that which has driven it into darkness and repose or disease has been removed, or has disappeared. The best agents in recovering use, are LIGHT and AIR. But these produce more or less pain when first tried. So does exercise, when first tried, upon a recently fractured limb. Such a limb has been splinted and bandaged up for weeks. It has done no work. But it has got to work, and, under the circumstances, with more or less pain. Shall the convalescent, or recovered, keep forever on his back, because to get up hurts him? So with regard to the eye, which has recovered from grave disease. It must be used. It must encounter light and air, as a condition of ultimate and perfect use. There must be all needed caution used. But there *must be use.* All this is treated of by our author.

It is not the purpose of this paper to make an analysis of this work on the Eye, but we would refer to a single article only—Rheumatic Iritis. This is the most elaborate one in the volume, and as a fair specimen of its manner and matter, we offer to our readers the following on the treatment of the disease to which it is devoted. We recollect the man in Hierocles, who, having a house to sell, carried round a brick as a specimen of the building, and are perfectly willing to follow the example, in the full belief that however it may have fared with the house merchant, it will act as a practical recommendation of the work of Dr. Williams on the Eye, in the further belief that its study will be profitable both to student and patient.

"*Treatment.*—I believe this disease to belong to the class known as self-limited, having a tendency to recovery in about three weeks, provided the morbid processes do not reach the point of producing extensive adhesions of the pupil; but having also a tendency to produce serious organic alterations, and to have a longer duration, where these processes are excessively violent, and are permitted to go on unchecked. If this opinion be well founded, one important point in treatment has a high precedence above all others—the maintenance of dilatation of the pupil. In fact, without undervaluing other remedies, indicated at times by the general condition, I am confident that atropia and opium—the former to enlarge the pupil, the latter to control the pain attending the disease—are the essentials in the management of this affection. It follows that I attach little value to mercury in the treatment of this affection, though it has formerly been regarded as almost a specific, and has been often cited as an instance of the power of remedies in arresting morbid processes.

"Such dissent from the doctrine of all the authorities demands a full explanation. From the time when iritis was described by Schmidt, of Vienna, as a distinct disease, the precept has been strongly inculcated that mercury must be given in the early stages, otherwise the golden opportunity for bringing the patient under its influence would be lost, and success could scarcely be hoped for. The authorities having thus insisted on the importance of an early resort to this remedy, each practitioner has been afraid to take the responsibility of deviating, in the treatment of so grave an affection, from the course declared to be the only path of safety. Thus very few opportunities occurred for observing the natural course of the disease—as the milder cases, which did not require treatment by medical men, recovered, and never presented themselves to their notice—whilst the severer cases, in which, the pupil having been left to itself, occlusion had resulted, and vision was destroyed, were brought forward as examples of the ravages of the affection when uninfluenced by mercury. But the authorities also advised the free local use of belladonna, at the same time that mercury was administered internally. Whenever, therefore, a patient who had been thus treated, *secundem artem*, fully recovered, the credit was given, not where as I believe it belonged, to the belladonna or stramonium, under the influence of which the pupil had been kept widely expanded—but to the mercury, which had been canonically given, even to the extent of producing ptyalism. When the result was less happy, it was ascribed, not to the neglect, or the too tardy use of belladonna (which was too often the case), but to the supposed fact that mercury was not given as soon or as freely as it should have been, or to a want of susceptibility to its influence on the part of the patient. The remark often made, that the symptoms did not begin to yield till the gums were touched, proves nothing under these circumstances; as, after a certain period, they would equally have given way had the supposed specific action been withheld. The want of any absolute specific power has been admitted, of late years, in the attempts made to provide substitutes, as turpentine, &c., in cases where mercury seemed inefficacious or evidently disagreed.

"Observation of many cases which came under my notice, where the patient had been treated with mercury to the fullest extent, but nothing had been done to dilate the pupil, and where the result was most disastrous; and reflection on the mode of action of the constitutional and local remedies, induced me to vary from the treatment I had always previously pursued according to the approved method, in certain cases that came under my care, where the patients were in such a condition as contra-indicated the use of mercury unless as an imperative necessity. These were treated by anodynes and tonics, and the pupil kept fully under the influence of belladonna, and they terminated far more favorably than the severity of the attack and the state of the patient had allowed me to expect. Encouraged by excellent results in these cases, I was led to try a similar plan in other instances; and I am confident that I never saw better results ensue, in the hands of others or myself, from the old method. If it be in our power, then, to spare the patient the infliction of the grave inconveniences and protracted convalescence often occasioned by the free use of mercury, and to relieve him as well and as quickly by other remedies, we may gladly accept the alternative."

## Army Medical Intelligence

HARRISON'S LANDING, VA.,
JULY 13TH, 1862.

*To the Surgeon-General.*

DEAR SIR,—I have for the past two or three days, they being the first of anything approaching leisure, been trying write to you, to let you know of the integrity of the Surgeons of the 16th as far as *physical* is concerned; but the truth is, I feel debilitated from my late labors and from the heat, and mentally inadequate to the slightest exertion. Our heavy loss in the death of the Col. you have learned. It will make a vast difference in the nature of my connection with the regiment. Its soul, the centre of its excellence, the influence which none questioned, the authority which all loved, the friend with whom in friendly chat I have whiled away long hours through dull days, and into the night, are together silenced. The 16th were particularly engaged in three battles :—the *reconnoissance* of the 18th, the battle of the 25th at Fair Oaks, and that of the 30th and July 1st at Charles City Crossroads and Malvern Hill. My position in each of these was in the rear of the regiment till the wounded began to come in, and hospitals in the safe distance (usually houses about one mile from the field of battle) were located. I saw and took part in every species of operation in these days, for the kinds of injuries were multifarious.

During our march from Fair Oaks, we were obliged to throw from the wagons, on account of the roads, a considerable amount of baggage. Before starting on this retrograde movement we had thoroughly sifted our baggage, taking the bare necessaries, and only saving one hospital tent and the flies of four tents for the Field and Staff. Be assured it cost a pang to see a portion of these missing at the terminus of the route, and my heart ached to find that the last noble Roman of all the hospital tents had gone by the board. I have since by requisition replaced it, by one, however, much smaller than we are used to.

At present we are recruiting our health and strength in a camp located about two miles from Harrison's Landing, and there is a necessity for it. My morning report has about 100, on an average, excused from duty. This morning it is 85—an improvement. There is no severe sickness, but the men are debilitated, and many are having camp diarrhœa. I have myself been suffering from the latter, but am now somewhat better. Dr. Whiston sends regards.

I remain, with respect, your ob't serv't,

C. C. Jewett, *Surg. 16th Mass. Vols.*

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Medical Affairs at Fortress Monroe.—The Department of Eastern Virginia is not less the seat of medical than military interest. Its hospitals are filled to overflowing with the sick and wounded from the battlefields about Richmond. This immense influx brings the utmost pressure upon the medical officers who administer the affairs of the Department. The Medical Director, Dr. John M. Cuyler, U.S.A., upon whose broad and well-worn shoulders falls the burden of this unparalleled responsibility of providing for the cargoes of sick daily arriving, proves himself equal to the task. Ever engaged, yet attentive to the wants of the humblest, constantly harassed with the endless details of business, yet always affable and courteous, Dr. Cuyler seems peculiarly well adapted to the position he now occupies. But his friends (and who that has come within the circle of his acquaintance is not his friend ?) will rejoice to learn that Government has called him to another and still more important sphere of duty. He is the senior officer of the Corps of Medical Inspection, recently appointed by the President, and attached to the Medical Bureau. It is to be regretted that the same discretion has not been exercised in the selection of the entire corps. The Medical Purveyor, Dr. R. H. Gilbert, is an efficient officer, and gives order and system to the despatch of business. He has lately improved the *armamentarium* of the military surgeon. His general operating case has not received the attention it deserves. It is compact and yet complete to an extent surpassing any case I have ever examined. I regret that Dr. Smith has not illustrated it in his *Hand-book of Surgical Operations.*

The hospitals in this vicinity are the Mill Creek Hospital, in charge of Brigade Surgeon John W. Hunt; the Chesapeake Hospital, in charge of Brigade Surgeon R. B. McKay; and the Hygeia (now merely used as a depot for the receipt and transfer of the wounded), in charge of Brigade Surgeon Bontecou.

The Mill Creek Hospital consists of a number of buildings so arranged as to carry out the idea, to some extent, of the Pavilion hospital. The main building is 250 feet in length by 50 feet in width, a rude board structure, the entire area being a single ward, accommodating 200 patients. The ventilation is very perfect, and notwithstanding the hospital is filled to its utmost capacity with the severely wounded, the atmosphere is not perceptibly tainted. Three other buildings have been erected adjacent to this hospital on a similar plan, and several others will be constructed. As yet, erysipelas has scarcely appeared in this hospital, and pyæmia is not very frequent. Great credit is due to Dr. Hunt for the efficient management of this institution; with rare administrative ability he combines the sound judgment of a discreet and experienced surgeon; the knife is never used as an experiment, and rarely as a *last resort*—the common plea of the mere operator. The following gentlemen compose the surgical staff of the hospital:—Drs. Orsamus Smith, T. B. Crooker, J. H. Reynolds, T. E. Waller, L. Beers, C. McCormick, L. S. Bowles; Medical Cadets, E. E. Luster and O. M. Pray.

The Chesapeake Hospital is the old seminary of that name, standing on the shore of the James River, about two miles from the fort. It is a large, fine building. The ventilation is very imperfect, as the rooms are small, but this defect is remedied by the location, which is close to the river, and by the freedom from surrounding buildings, or forests. Erysipelas does not appear here, and pyæmia is seldom met with. Dr. McKay is a very capable officer, and manages the details of this hospital with great success. Like Dr. Hunt, he is conservative in the practice of surgery, and not a few patients may thank him for taking their discharge from this hospital in the erect, rather than the recumbent posture.

In addition to the above, from the *American Medical Times*, we learn, from another source, that for eight months up to July 1st, there have been received into the Hygeia Hospital 2200 patients, in all of whom 1329 returned to their respective regiments, 627 were sent to the general hospital, 29 were discharged and sent home, 201 died, and 44 remained in the hospital July 1st. Many of the deceased were in a dying condition when they were brought here, and some had even died before being carried into the hospital building.

For eighteen days past in July, there has been received into the above hospital 418 patients, of whom 238 have been sent to the general hospital, 166 have recovered and returned to service in their regiments, and 3 died, leaving in all 66 patients in this hospital.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 24, 1862.

One of the necessary evils growing out of the heavy taxation with which the country is soon to be burdened, a taxation affecting nearly all commodities of a commercial nature, will be, it is feared, the revival of a practice to which dealers in medicines are peculiarly prone, and which has already repeatedly called for legislative action; we allude to the adulteration of drugs. In these days, when self-interest seems to have become paramount to all else, when the modicum of virtue has not reached such a point among men as to render the millennial period an event of immediate probability, it may again become the duty of legislators to guard the public against the danger arising from this pernicious and wicked practice. That the temptation to many will be unusually pressing, to resort to this somewhat unscrupulous method of preserving a pecuniary equilibrium, may be regarded as more than probable, when we consider the greatly-increased expenses of living, together with the increase in the prices of medicines. Many druggists who before have been enabled to gain a livelihood, will thus be in danger of being thrown out of employment, on finding an honest subsistence by this means to have become problematical; while others, less scrupulous, will not hesitate to gain by fraud what may be lost by misfortune. There should be no lukewarmness in this matter; it is one far too serious to be lightly considered. So long as there are those base enough to meditate so gross an offence against the public whom they profess to serve, so long will it be incumbent upon the profession, as well as others, to see that their purposes are frustrated, and that the offenders are brought to speedy justice. There are offences which, by their boldness and adroitness, command a certain measure of admiration for their perpetrators; and there are also those, and to this latter class belongs the one to which we now allude, that can only be committed by a mean and sordid soul, who but excites our pity and contempt.

Fiske Fund Prize Questions.—The subjects proposed by the Trustees of the Fiske Fund for 1863, are as follows:—

I. What evidence is there that inflammatory and febrile diseases have undergone any general change of type?

II. Gun-shot wounds, particularly those caused by newly-invented missiles.

For the best dissertation on either subject, the Trustees offer a premium of one hundred dollars.

Dissertations should be sent to Dr. S. A. Arnold, Secretary of the Trustees of the Fiske Fund, Providence, R. I., on or before May 1, 1863—expenses prepaid. Each dissertation should bear some motto, and be accompanied by a sealed letter or packet, bearing the same motto on the outside, and the author's name and residence within. Successful dissertations, on the payment of the premium, become the property of the Fund. The awards, if any, will be announced at the annual meeting of the Rhode Island Medical Society, in June, 1863.

HARVARD MEDICAL SCHOOL.—The following is a list of the gentlemen who received their medical degrees on the 16th inst., with the subjects of their dissertations :—

| NAME AND RESIDENCE. | THESIS. |
|---|---|
| Isaac Adams, Jr., Boston, | *Diphtheria.* |
| Joseph Wales Clift, N. Marshfield, | *Hereditary Disease.* |
| George Dresser, Springfield, Vt., | *Typhoid Fever.* |
| George Franklin French, Dover, N. H., | *Fallacies in examining for Sugar in Urine.* |
| Edmund Foster Kittredge, Lowell, | *Fractures of the Cervix Femoris.* |
| William Basilio Mackie, Trinidad de Cuba, | *Tetanus.* |
| Joseph Waite Merriam, Boston, | *Stricture of the Urethra.* |
| James Oliver, Jr., Athol, | *Apoplexy.* |
| Thomas Henry Pryor, Cambridge, | *Vaccination.* |
| Edward Russell, Quincy, | *Phthisis.* |
| George Francis Shattuck, Groton, | *Remittent Fever.* |
| Alonzo Lawrence Stickney, | *Scarlatina.* |
| Nelson Briggs Tanner, Jr., Abington, | *Typhoid Fever.* |
| Joshua Brackett Treadwell, Boston, | *Compression and Concussion of the Brain.* |
| Samuel Cook Whittier, Dover, N. H., | *Typhoid Fever.* |

D. HUMPHREYS STORER, *Dean of the Medical Faculty.*

*July* 18, 1862.

MEDICAL MISSIONARY SOCIETY IN CHINA.—The twenty-third Annual Meeting of this Society was held at Canton on Thursday, the 23d of January, 1862, at the house of Messrs. Olyphant & Co.

Present, F. Parry, G. R. Lawrence, O. H. Perry, J. H. Nichols, E. E. Clapp, A. A. Lind, Esquires, G. Dods, M.D., Won Fung, M.D., Rev. G. Piercy, Rev. A. Krolczyk, Rev. A. P. Happer, M.D., Rev. C. F. Preston and J. G. Kerr, M.D.

The Rev. J. H. Gray, M. A., Vice President, being unavoidably absent, O. H. Perry, Esq., U. S. Consul, was requested to take the chair.

The minutes of the last annual meeting were read and approved.

The Society then proceeded to the election of officers, when the following were chosen for the ensuing year :—

*President*—Thos. R. Colledge, M.D., F.R.S. Ed. (in Eng.) *Vice Presidents*—P. Parker, M.D. (in U. S.), S. Wells Williams, LL.D., Sir John Bowring, LL.D. (in Eng.), Hon. John Dent, John Heard, G. Nye, Jr., James Purdon, Esquires, Rev. J. H. Gray, M.A., D. N. Spooner (in U. S.), W. Delano, A. Fletcher, John D. Gibb, F. Chomley, O. H. Perry, Esquires, and Rev. D. Ball, M.D. *Corresponding and Recording Secretary*—J. G. Kerr, M.D. *Treasurers*—Messrs. Russell & Co. *Auditor*—J. Heard, Esq.

An abstract of the hospital report was read, from which it appeared that the number of patients attended to during the year was 12,591 in Canton, and 7,713 in Fuhshan, and that 786 children had been vaccinated at the two places. More than 200 in-patients had been received, and about 250 surgical operations had been performed. Religious services have been conducted at the hospital and dispensary by the Rev. C. F. Preston. The expenses of the two establishments have been $1,001.76, which includes rent, medicines, hire of assistants and coolies, money for poor patients, &c.

The Rev. Mr. Graves's report of the dispensary at Shiuhing, was also read. The number of patients prescribed for there, was 3,060, and 400 children had been vaccinated.

The Treasurer's report was then read and accepted. The amount paid out during the year was $1,113 for the current expenses of the hospital and dispensaries. The amount received on subscriptions was $1,349.25, and on claim from Chinese Government, $124.16. The amount in the treasury December 31st, 1861, was $2,787.20, and a circular was laid on the table to which subscriptions had been obtained to the amount of $1,000 in addition. The decease of the Rev. Dr. Bridgeman was announced, and on motion of the Rev. Mr. Preston, seconded by the Rev. Dr. Happer, it was—*Resolved,* that this Society records with deep sorrow the death of the Rev. E. C. Bridgeman, D.D., one of its founders, and one of the vice presidents from the beginning.

Ung. Cadmii Iodidi.—Mr. Charles Heinitsh, of Lancaster, says, that the ointment of iodide of cadmium is getting considerably into use in that city as a substitute for the officinal Ung. Potassii Iodidi, because it does not discolor the skin. He recommends the following formula:—℞. Cadmii iodidi, ℈i.; adepis, ℥i.; ol. neroli, gtt. x.; ætheris, gtt. xx. Rub the iodide with the ether, till in fine powder, then add the lard and oil, and thoroughly mix them.—*Am. Jour. of Phar.*

Army Medical Department.—Dr. George Derby, Surgeon of the 23d Massachusetts regiment, has been made Post Surgeon of Newbern.

Surgeon-General Dale has issued the following order:—Surgeon S. A. Green, 24th Massachusetts regiment, George Derby, 23d, and George A. Otis, 27th, with Assistant Surgeon Hall Curtis, 24th, and J. C. Batchelder, 25th Massachusetts, are hereby constituted a Medical Commission for the examination of candidates for the medical Staff, Massachusetts Volunteers, Gen. Burnside's expedition, for vacancies, and under the bill passed by the Senate of the United States for an additional Assistant Surgeon.

Dr. S. T. Towle has been appointed Surgeon, and Dr. A. F. Holt Assistant Surgeon, of the Massachusetts 30th regiment.

Surgeon Ira Russell, of the Massachusetts 11th, and Assistant Surgeon Orrin Warren, of the Massachusetts 21st, have received honorable discharges.

Malpractice.—Dr. Royal M. Ayer, of Danville, Vt., has been mulcted in the sum of $300 damages and costs. for malpractice as a surgeon, in setting the shoulder of a Mrs. Stalina Gill, of that place. The case was tried in the Caledonia County Court.—*Med. and Surg. Reporter.*

## VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 19th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, . . . . . . . . . . . | 38 | 38 | 76 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 40.6 | 36.2 | 76.8 |
| Average corrected to increased population, . . . . . . . . | .. | .. | 85.73 |
| Deaths of persons above 90, . . . . . . . . . | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 12 | 5 | 0 | 5 | 2 | 0 | 1 | 1 | 1 |

Errata.—On page 406, line 6th, for "inwards," read *forward.* On same page, line 18th, for "of the dorsum ilii," read *on the dorsum ilii.*

Married,—In this city, James Ayer, M.D., to Miss Mary A. Storms.

Died,—In New Bedford, of paralysis, on the 18th inst., Dr. Paul Spooner, a highly respected practitioner, at the age of 76. He had been in practice upwards of 50 years, and retired from the more active duties of the profession about two years since.

Deaths in Boston for the week ending Saturday noon, July 19th, 76. Males, 38—Females, 38.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 5—consumption, 12—convulsions, 4—debility, 1—diarrhœa, 3—diphtheria, 1—dropsy of the brain, 1—drowned, 4—dysentery, 1—scarlet fever, 5—typhoid fever, 1—disease of the heart, 3—infantile disease, 4—insanity, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—measles, 2—old age, 1—scrofula, 1—syphilis, 1—teething, 2—thrush, 1—tumor, 2—unknown, 2—wounds (gun shot), 2.

Under 5 years of age, 35—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 54—Ireland, 16—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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# THE RELATIONS OF THE OPHTHALMOSCOPE TO LEGAL MEDICINE,

## PARTICULARLY AS REGARDS THE DETECTION OF SIMULATED MYOPIA OR AMAUROSIS IN THE CASE OF PERSONS DRAFTED FOR MILITARY SERVICE.

[Translated from Dr. A. Zander's "Ophthalmoscope, its Forms and Use," for the Boston Medical and Surgical Journal.]

By HASKET DERBY, M.D.

THE ophthalmoscope may be used with decided advantage in those cases in which the physician must give an opinion as to injuries of the eye, and especially as regards the question of their doing permanent damage. Are these injuries of so palpable a nature that the sclerotic and cornea are ruptured, and the aqueous and vitreous humors evacuated; or does a so-called traumatic cataract ensue a few hours after the injury, then the ophthalmoscope would certainly be of no avail. But cases arise in which, after a blow received on the eye or its neighborhood, a sudden partial or total loss of vision occurs; and in these cases an ophthalmoscopic examination is of great value in determining the nature of the injury. It may give a positive result, by detecting effusions of blood, retinal separation, &c.; or negative, by showing that no alterations or abnormities are to be observed in the eye itself, and thus proving that the injury in question has affected the brain. And, in this connection, the physician would further be secured from deception, when a person thus injured pretends that a loss of sight has resulted from the injury; or when a defect of vision had previously existed, and the discovery was made after and believed to be owing to the injury. For if, under such circumstances, the physician finds the traces of old disease, old exudations in the choroid, maceration of pigment, posterior staphyloma, &c., his examination with the ophthalmoscope will place him in a position to deny most authoritatively any connection between the derangement of vision and the injury.

The advantage arising from the use of the ophthalmoscope under such circumstances might perhaps appear less great, owing to the fact that the number of these cases is relatively small. Much more frequent, however, are the instances in which an ophthalmoscopic examination is indispensable to the physician who is called upon to give an opinion concerning the simulation of myopia or amaurosis by those drafted for military service.

Wellmarked short-sightedness has always been accounted a sufficient reason for release from military duty; and, as is well known, may be imitated by accustoming the eyes to the use of strong concave glasses. In spite of this, the existence of short-sightedness has generally been considered amply proved, when the person could read a short distance off with the glasses employed as tests. But who, from such external and functional symptoms, could form an opinion as to whether this was short-sightedness depending on a defect in the power of accommodation, on a derangement of the media of refraction, or on other anomalies in the interior of the bulb? An examination with the ophthalmoscope can alone, up to a certain point, render us absolutely sure.

If we now, in a given case, have to determine whether the alleged short-sightedness is true or simulated, the following facts are to guide us (supposing always that the observer himself possesses a normal eye).

The suspicion that the myopia has been artificially produced by the use of too powerful concave glasses, would be further strengthened by the fact that the ordinary external evidences of short-sightedness are wanting in the eye in question, and that the result of the ophthalmoscopic examination does not harmonize with what here follows.

If, on examination of the eye with the mirror alone, the retinal vessels are seen as clearly and readily as in an entirely normal eye with the help of a convex lens (inverted image), a strong reason exists for acknowledging the existence of a real myopia.

A further reason lies in the fact, that, on examining the upright image, the observer is obliged to draw largely on his power of accommodation and to use strong concave glasses, in order to see the retina distinctly; for, the greater the degree of myopia in the observed eye, the greater accommodative effort and the stronger concave glasses are necessary on the part of the observer in order to clearly distinguish the details of the fundus of the eye. If the observer, having firmly impressed on his mind the appearances of a normal eye, examines a short-sighted eye (in the upright image), the surface that comes into view will appear less extensive; and, the greater the amount of short-sightedness, the nearer the image seems to approach his own eye. This image seems less illuminated, and less highly colored; while, on the other hand, it is more magnified, its different details being less clearly defined. The size of the pupil being relatively the same, the eye of the observer is unable to take in the whole of the optic nerve at a glance, as it generally can in a normal eye and in the case of a moderately wide pupil. To obtain a distinct view of the fundus it is further necessary to employ concave glasses of a depth increasing with the degree of the short-sightedness, and to approach the eye of the observer nearer and nearer that of the observed.

In an over-sighted (hypermetropic) eye, on the contrary, a much larger surface comes into view; the image is formed at a much greater distance from the eye of the observer, is brighter and more highly colored, but much reduced in size; its details are more distinct, and the whole image better defined. In extreme over-sightedness, when the pupil is large, the observer takes in at a glance not only the optic nerve, but as much more of the fundus on either side; the whole effect being, in respect to size, similar to the real inverted image obtained by interposing a convex glass. Quite as remarkable is the difference in the choice of a corrective glass. The observer who is accustomed to examine the image of a normal eye without the assistance of a lens (behind the mirror), is forced to use, for an over-sighted eye, a correspondingly strong convex corrective glass, or must supply its place by accommodating his own eye for the near. And, finally, his distance from the observed eye, during the examination, is greater, often considerable.

If individuals, liable to be drafted, simulate partial derangement of vision or complete amaurosis of an eye,* the ophthalmoscope is almost the only means we possess of deciding with certainty whether such affections really exist or are only simulated; inasmuch as we are unable, through external symptoms alone, to either affirm or deny their presence.

Strabismus of the affected eye, mydriasis, a smoky reflex from the bottom of the eye, immobility of the iris, are in fact symptoms that may point to a total loss of sight. But these aids to diagnosis fail in cases of amaurosis in which the retina is still slightly sensitive to light; or they may exist, entirely independent of amaurosis, in cases of paralysis of the third pair, or in idiopathic mydriasis. It is well known that the artificial mydriasis, produced by belladonna, is a favorite method of deception.

The pupil has almost always been found regular, and of normal or nearly normal mobility in cases of amaurosis that commence with hemiopia, or almost total loss of vision, or that depend on detachment of the retina, effusion of blood in the neighborhood of the macula lutea, small scattered retinal apoplexies, or serous effusions. Who, however, could diagnosticate these troubles with certainty without the aid of the ophthalmoscope?

In many other cases the pupil retains its size and mobility, although amaurosis really exists, caused, it may be, by extensive atrophy of the optic nerve, or by a disease of its substance. In such cases the ophthalmoscope proves that the retina or the optic nerve is incapable of performing its functions, by showing concavity of the papilla, a mother-of-pearl-like color of its surface, obliteration or atrophy of the retinal vessels, &c.

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* In cases where there was reason to suspect that the amaurosis was simulated, I have seen von Graefe employ the following test. A prism, with the base *upwards* or *downwards*, is held before the sound eye, and the patient is told to regard some such object as a pencil or ruler held *horizontally* some inches off. If he is asked how many objects he sees, and replies two, one of the images must be seen by the eye which has been stated to be blind. Cover this eye, and one of the images disappears.—H. D.

Whether the ophthalmoscope will ever aid the medical expert in forming a just opinion of mental disease, must be determined at a later period; inasmuch as the data in our possession are yet too deficient. We venture, however, to express a general hope, that what we have advanced may show that the ophthalmoscope will be no inconsiderable ally to the medical expert in such cases as those stated; as well as that it merits, as such, a more general appreciation than it has yet received.

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## PUERPERAL CONVULSIONS.

By William L. Wheeler, M.D., Chelsea.

[Reported to the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

Case I.—I was called to a patient about five months advanced in pregnancy. She had complained frequently of dizziness, fulness and pain in the head, at times of a momentary loss of sight with strange noises in one or both ears. She had grown stout and fleshy during the four previous months, presented a puffy appearance of the face and general surface, with œdematous swelling of the feet and ankles. The urine was dark in color, and deposited a sediment. Treated with dilute nitric acid and with boiling water, it gave a large flaky precipitate of albumen. Just four weeks from this time, that is, about the end of the sixth month of utero-gestation, she was seized with distress in the epigastrium, followed by nausea and soon by vomiting, pain in the head, and dimness of vision, soon ending in total loss of consciousness, with convulsions. The face was distorted, the lips livid, eyes injected, with contracted pupils, the breathing stertorous, some frothing at the mouth, pulse full and rather frequent, &c. The attack, or the convulsion, was so sudden, overwhelming all sensibility and intelligence, that she complained of no pain in the abdomen; and, on examination, the os uteri was found undilatable. The paroxysms continued to recur at short intervals, less and less severe, for a period of about six hours, when she sank into a perfectly comatose state, and death closed the scene.

*Treatment.*—I was called soon after the first convulsion, and immediately bled freely from the arm, applied leeches to the head, sinapisms to the extremities and the epigastrium, gave injections by the rectum of infus. sennæ comp., with some oil of turpentine. I found that the paroxysms continued to recur without much if any abatement, except as the strength failed and the stupor increased. I then tried the free inhalation of sulphuric ether, with the hope to arrest them and gain time for the uterus to dilate; but in this I was disappointed, and the ether seemed rather to depress or increase the coma and difficulty of respiration. It was therefore discontinued after giving it what seemed to be a fair trial.

In this case the convulsions appeared to be of that congestive form giving them an apoplectic character. It is seldom that a case of this kind terminates fatally in the short space of time that this did. The question is, what treatment could do anything towards the safety of the patient? The prompt bloodletting and other means used at the time, seemed to produce but little if any effect. The ether seemed rather to depress the system than to prevent the convulsions. An autopsy might have shown effusion or extravasation within the brain, but I could not obtain the consent of friends.

Case II.—I was called to this patient, aged 22 years. It was her first pregnancy, and about the end of the sixth month. Previous to marriage she was thin in flesh, and her general health was poor; but during the last six months she had gained in weight some forty pounds, with a puffy swelling of the whole body and a pitting of the feet and ankles on pressure.

The night previous to the attack she had eaten some unripe peaches, and then complained of a distress in the stomach, had one or two discharges from the bowels and vomited a few times. She had previously complained of a fulness of the head, with pain in the temples, and at times would lose her eyesight, and often could only see a part of an object at a time. The distress in the epigastrium was the most urgent symptom; she had no pain in the back or abdomen like that of labor, and on my first examination I could discover no dilatation of the mouth of the uterus. In or during an effort to vomit, the patient gave a half groan or kind of shriek, the head and the muscles of the face were drawn down on one side, and the whole body, with the extremities, became convulsed, the respiration labored, the face turgid, the lips livid in color, with frothing at the mouth and slight bleeding from the tongue. This paroxysm lasted about ten minutes, followed by profound stupor, with a loud and almost stertorous breathing; these last symptoms gradually subsiding and the patient apparently falling into a quiet sleep, lasting from twenty to thirty minutes, followed by a general restlessness, with throwing of the arms and head from side to side, with but a partial gleam of consciousness. This state of things was only premonitory of another violent convulsion, with a recurrence of the symptoms just described, after an interval of from twenty-five to thirty-minutes. I was called to the patient previous to the first convulsion, and applied leeches and cold to the head, and sinapisms over the stomach and to the extremities. Hoffman's anodyne was given internally; but as soon as the first convulsion seized her, I bled freely from the arm, without, however, preventing a second paroxysm, which was as violent as the first. About at the access of the fourth spasm she inhaled sulphuric ether freely, and this seemed to shorten it, as it was much lighter than either of the previous ones. The inhalation was continued, and the fifth convulsion seemed to be impending, but was prevented or modified so as to cause only a general restlessness. Just at this time Dr. Storer, of Boston, who had been called in consultation, arrived. On examination, he found slight dilatation of the os uteri, and advised the continued use of the sulphuric ether, so as to keep up its full influence upon the nervous system, and to wait for some expulsive efforts from the uterus. Some urine was obtained by the use of the catheter, and was found, on examination by the usual tests, to contain a large quantity of albumen. The patient was kept under the influence of the sulphuric ether sufficiently to quiet general restlessness, and no more convulsions (after the attempt at the fifth one) appeared. In about fifteen hours from the first attack, decided labor pains came on, and in two hours she was safely delivered, and the ether was gradually withdrawn. She slept for several hours, and then awoke, asking what had happened. No unpleasant effects or symptoms followed the long use of the ether, and her convalescence was rapid, her general health and appearance becoming better than before her sickness.

Case III.—I was called to this patient at about the end of the eighth month of her eighth pregnancy. She was about 38 years of age, of a plethoric habit, the whole surface being swollen, and the skin, feet and legs enormously distended. The veins were varicose, with some old ulcers discharging. She had complained for some time of a fulness about the head, with dizziness, affecting the eyesight. The night previous she had eaten heartily, about bed-time, of cold corned beef and cabbage, and subsequently complained of distress, first in the stomach and head, with partial loss of consciousness, and was soon seized with a violent convulsion. The muscles of the face were much distorted, the skin and lips became livid, with foaming at the mouth. The respiration was loud and sibilant, the convulsive movement continuing from five to eight minutes, and being followed by profound coma. The epileptic character of the paroxysm seemed strongly marked. While in this state, a catheter was introduced, and some urine was drawn, and both the nitric acid and the boiling test caused a large precipitate of flaky albumen. The patient for a number of days had perceived an absence of the usual motions of the child, and as, on auscultation, I could not get any sounds of the heart, I concluded it must be dead. She had no pain in the back or abdomen, and there was no dilatation of the mouth of the womb.

*Treatment.*—The first convulsion occurred at about five o'clock in the morning, and as there were some objections on the part of friends to bloodletting, I at once gave her sulphuric ether, by inhalation, applied leeches to the temples and cold to the head, and gave injections of compound infusion of senna to evacuate the bowels. The patient had freely vomited during the night. I kept up the anæsthetic action of the ether until about 11 o'clock, A.M., when the convulsions and the general restlessness subsided, the patient seemed to sleep quietly, and the ether sponge was cautiously withdrawn from the mouth. Up to this time (that is, from 5 o'clock till 11 o'clock, A.M.) she had had five convulsions, and about 4 o'clock, P.M., she awoke and asked the time of day and where she had been, &c. She complained of some distress in the head and partial loss of vision, but said she had no pain in the back or the abdomen.

Some of the urine was obtained, and found to contain a large proportion of albumen, by the usual tests.

The patient continued gradually to improve in mind and body, but was unable to leave the bed. In five days after the first attack of convulsions, labor pains came on, and with some premonitory symptoms of a return of the spasms—that is, pain in the head and epigastrium. I immediately gave her the sulphuric ether, and continued its free inhalation until delivery took place, and some little time after, as I was fearful the after-pains might induce the same trouble again. The child was dead, and portions of the integument were detached from the abdomen and extremities. The patient gradually recovered, but suffered from a train of unpleasant nervous symptoms, with a partial loss of memory.

The effects of the ether were very marked, as it seemed to control the convulsions completely, and quiet the restlessness which preceded them; and when labor really came on, it arrested the threatening symptoms which manifested themselves. It was the important remedy, and the one depended upon in this case, as I did not resort to general bleeding. The length of time the patient was under its influence and the quantity used are worthy of notice, as showing the safety with which it may be employed, as well as the reliance to be placed upon the article.

Case IV.—*Albuminous Urine, without Puerperal Convulsions.*—I was called to a patient who was near the end of the third month of her third pregnancy. She called my attention to the urine, which was of a dark smoky color, with at times some traces of blood mingled with it, but passed without pain or any other unusual symptom. There was no swelling of the surface, and the feet and ankles were in a natural condition, with no headache or pain in the stomach, not much even of the usual nausea.

The urine, submitted to the action of dilute nitric acid and boiling, precipitated about one third of its volume of white flaky albumen. I repeated the examination at intervals of about four weeks, until the very day and even a few hours before delivery, and at each time the tests exhibited a large proportion of albumen.

The labor came on at the full period, and much to my relief and satisfaction without any symptoms of convulsions. Four days after, I applied the tests as before, but could find no traces of albumen, and the urine was natural.

This case is of much interest in connection with the previous ones, as the albuminous urine was present in each of them at the time the convulsions came on.

## EFFECTS OF FUNGI ON THE HUMAN SYSTEM.

[Concluded from page 515.]

*Inoculation of the Human System with the Spores and Cells of the Fungi of Wheat and Rye Straw.*—CASE I.—At 10 o'clock, P.M., February 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw—covered with the plants—on a plate of glass, and hitting it with a few slight taps. On removing the straw, under and both sides of it was a cloudy band, about one third of an inch wide, running across the glass. These spores and cells lay so thick on the glass that, to the naked eye, they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope, the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

Wednesday, Feb. 12th, perfectly well. No inflammation or itching around the point of inoculation.

13th.—Slight nausea. A very slight redness and itching at inoculating point.

14th.—Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

Saturday, Feb. 15th.—Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a severe cold.

Sunday, Feb. 16th.—Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart, so that I cannot use them to read by gas-light. Whole scalp feels sore, with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

Monday, Feb. 17th.—The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

Tuesday, Feb. 18th.—Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

Wednesday, Feb. 19th.—Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well.

CASE II.—Wednesday evening, Feb. 19th.—Inoculated myself again in the same place, with the spores and cells of fungi as before.

Thursday, Feb. 20th.—Feel perfectly well, except a slight sensitiveness of the eyes.

Friday, Feb. 21st.—Same as yesterday.

Sunday, March 2d.—Have felt perfectly well since Feb. 21st. Eyes perfectly recovered.

Monday, March 3d.—The last inoculation has produced no effect upon the system, that I can discover.

CASE III.—Wednesday evening, Feb. 19th, 1862, inoculated my wife on her arm, with the spores and cells of the straw fungi. The cells were taken from the same group as those used in the second inoculation of my own arm, on the same evening.

Thursday, Feb. 20th.—Perfectly well all day.

Friday, Feb. 21st.—During the day, a dry constricting feeling of the throat made its appearance, and grew much worse during the following night. Voice hoarse; has felt chilly through the day, with a feeling of lassitude and drowsiness. Nausea; ate no dinner. Throat and fauces inflamed.

Saturday, Feb. 22d.—Nausea; but little appetite; severe pains through the forehead and temples; tongue considerably furred; throat feels dry and inflamed, with a very disagreeable constricting feeling, as if it would close up. A tumid appearance of fauces; voice hoarse; slight fever.

Sunday, Feb. 23d.—All through last night her throat felt as if it would close up. Rest very much disturbed. In the morning, throat felt better. Occasional sneezing; voice hoarse; some pain in swallowing. Stupid, weary, and inclined to sleep.

Monday, Feb. 24th.—Throat did not trouble her much last night; still hoarse; head stopped up, as if with a cold; towards evening, a fulness and throbbing about the head, which felt sore.

Tuesday, Feb. 25th.—Had rather a restless night; head feels sore, swollen and heavy, as with a severe cold; eyes sensitive; catarrhal symptoms severe; heaviness about the chest; slight cough; considerable lassitude and drowsiness; slept from 10, A.M., to 3, P.M.; but little appetite. Had through the day occasional sensations of deafness; slight redness in spots under the skin on the face. During the evening the pains in the head were relieved, and the bowels became tender and sore.

Wednesday, Feb. 26th.—Had a good night's rest; head relieved;

eyes still sensitive; catarrhal symptoms subsiding; chest feels easier; bowels very sore and tender to the touch. Appetite returning; redness on arm nearly gone; slight itching yet.

Thursday, Feb. 27th.—Rapidly recovering; head and eyes feel quite well; bowels still slightly tender.

Friday, July 28th, quite well.

It will be seen from this case, that although there was scarcely any perceptible blotches, yet the other symptoms, such as chills, followed by fever, pains in the head, catarrhal symptoms, nausea, lassitude, &c., were all present. The disease commenced in the head, throat, and fauces, and passed downward, the bowels being very sore after the head, throat and chest were relieved.

Case IV.—On Sunday, March 23d, 1862, Chas. B. Pierce, a fine healthy boy, six years of age, was exposed to measles, by contact with the disease.

March 26th, seventy-two hours after the exposure, inoculated him with the fungi of wheat straw. The fungi were grown in my office, and shaken off from the straw on plates of glass, between which the spores and cells were preserved for use. On the second day after the inoculation (March 28th), a redness appeared around the inoculating point, about the size of a dime. This was preceded and accompanied by catarrhal symptoms resembling a slight cold. Did not complain. Played out of doors every day. This redness at the point of inoculation soon disappeared; the catarrhal symptoms subsided, leaving no bad effects; and on April 2d, he was perfectly well. Forty-two days have passed since this boy was exposed to the disease, and there are no signs of measles yet.

Cases V. to IX.—Mr. Bartholomew, of Newark, Ohio, has a family of seven children, ranging from three to seventeen years of age. On Wednesday morning, April 2d, Franklin Bartholomew, the next to the oldest son, broke out with measles. On Saturday evening, April 5th, three days after Franklin came down with the disease, and three days after the exposure of the entire family, I was called upon by Dr. Teller, their family physician, to go with him and inoculate the other six children and the mother, none of whom had ever had the disease. We inoculated the mother, and four of the children, leaving two boys—one thirteen and the other seventeen years of age—without being inoculated. On April 14th, the boy seventeen years of age, and on April 16th, the one thirteen years of age, broke out with the disease. It has now been five weeks since the exposure of the mother and the four children inoculated. Although there has been three successive cases of measles in the house, none of those inoculated have had any symptoms of the disease. From twenty-four to thirty-six hours after the inoculation, they all had symptoms resembling a slight cold, with a little chilliness, catarrhal symptoms and sneezing. Beyond this they have been perfectly well from the date of the inoculation to the time of this writing, May 5th.

The inoculation does not produce a pustule and scab, like the vaccine virus, but simply a redness around the wound, like a measle blotch. There is seldom any soreness, but usually a simple itching sensation for two or three days, extending generally from the second or third to the fifth or sixth day after the inoculation.

Cases X. to XIII.—April 12th, inoculated with rye straw fungus Mrs. ——, and two of her children, none of whom had ever had measles, and who had been exposed to the contagion of the disease from a case of genuine measles in the family, which broke out April 6th. On the evening of the 13th and morning of the 14th, they all had symptoms of chilliness followed by fever, catarrhal symptoms, slight cough and sneezing. The inoculating wound became red over a surface about the size of a dime, presenting the appearance of a measle blotch.

Their symptoms were so slight that the children were not kept in doors, and the mother was not prevented from attending to her ordinary duties.

On the 18th they had all quite recovered. It is now four weeks since the exposure, and no signs of measles in any of the cases inoculated.

From the inoculations, as far as they have gone, in from twenty-four to seventy-two hours the effects begin to show themselves in lassitude, chilliness, catarrhal symptoms and pains through the forehead and temples. It is highly desirable that these experiments should be extended further. For this reason we publish thus early our observations and experiments (much more limited than we could have desired, on account of the difficulty in this place of obtaining subjects who are willing to sacrifice a few hours' health to such purposes), that others in larger places, who have greater facilities in the way of hospitals, &c., for carrying out more extended series of experiments under the eye of the attending physicians, may take up the matter and aid in its further investigation.

I have not been able to distinguish, thus far, any difference between the eruption and attendant symptoms of genuine measles and "camp measles," or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measle blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

This matter, however, requires further investigation before fully reliable statements can be made.

To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles, can only be settled by careful and extended experiments.

In Wood's Practice, under the head of *Causes* of Measles, we find the following statements, which we here quote, as they point indirectly to a possible origin of the disease somewhere in the direction of the results of these examinations.

"Though capable of being propagated by contagion, measles prevail much more at *some periods* than at others; probably under a peculiar epidemic influence. Whether this influence is sufficient of itself to produce the disease, or whether it merely acts by increasing the susceptibility to the contagious principle, may perhaps be considered uncertain. If the fact quoted by Rayer from an old author, that the disease was not known in the new world until the year 1518,* when it was imported from Europe, could be relied on, it would go far to prove that epidemic influence is alone insufficient; but the testimony can hardly be admitted to have much weight; *and the very frequent occurrence of the disease without any possibility of tracing the cause to personal communication, would lead to the opposite conclusion.*† Still there is no impossibility in the production at once by the human body and by other *unknown agencies* in *nature,* of the same identical poison, whatever that may be. The difficulty would be removed one step by admitting the vital organic character of contagions. *Cold weather*‡ appears favorable to the production of the disease, as epidemics of it are most frequent in winter. They occur, however, at all seasons. No age is exempt from the disease. It attacks the fœtus in the womb and old persons in their second childhood. Yet it is much more frequent in children than in adults. One reason of this may be a diminished susceptibility; yet a much stronger one is the fact, that most persons have the disease in early life, and can have it but once. There is a general susceptibility to measles; and there are very few who are not attacked at one or another period of their lives.

"Though, as a general rule, measles are capable of being taken but once, instances have undoubtedly occurred, as in all other contagious diseases, in which the same individual has been affected a second time."

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. FURNISHED BY DR. J. C. WHITE, RECORDING SECRETARY.

April Meeting.—The President, Dr. D. H. Storer, in the chair.

Dr. Storer, on taking the chair for the first time, remarked upon his long connection with the medical profession of the city, and expressed his thanks for this proof of their confidence in him.

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* Wheat and other small grains were introduced into the new world about this time. Having no straw to generate the fungoid cause, they probably did not have the disease.

† It would, if there existed in the new world the proper material from which the cause or contagion emanates. If this be confined to the straw of our cereal grains, and these were not known here previous to 1518, then there is a probability that the author, whom Rayer quotes from, may be correct.

‡ Wheat and the other small grains are generally threshed during the fall and winter, and these are the seasons when the straw is the most used, and the periods when the disease usually occurs. When it occurs at other seasons, it is highly probable it may originate from straw beds.

The Vice President, Dr. Abbot, also expressed his appreciation of the honor done him by the Society in their recent election.

*Necrosis.*—Dr. J. MASON WARREN exhibited a specimen of necrosed bone from the leg of a girl, who had been suffering from the disease for six months. He had thought, on first seeing the case, that it was one of simple exfoliation, but on incision he found deep-seated necrosis, and was obliged to remove nearly two-thirds of the tibia. In answer to an inquiry from Dr. Abbot, whether he had ever had an opportunity to see the regeneration of bone from the periosteum, Dr. Warren mentioned a case in which the whole lower jaw had been thus restored in about three months. The periosteum was detached, and already coated on the under side with a growth of new bone at the time he removed the jaw. The new jaw felt slightly rough on the surface. The disease in this case was caused by inhalation of the fumes of phosphorus in the manufacture of friction matches.

*Obscure Thoracic Disease.*—Dr. GOULD mentioned the case of a man in the Massachusetts General Hospital, who two years ago received a blow upon the chest. Since then there has been some dyspnœa. The pulse is regular and equal at both wrists, nor is there any cough, hoarseness, or bulging of the chest externally. The first sound of the heart is much prolonged, and its point of greatest intensity is at about the junction of the third rib with the sternum on the right side. This sound extends as far as the axilla. A peculiar thrill is perceptible to the touch throughout the second and third intercostal spaces, quite to the right axilla. The dyspnœa is not very great, but occasionally there are very acute pains near the ensiform cartilage, with pallor and great prostration. The sounds of the heart are heard quite distinctly in the back also. The patient sleeps well in a reclining posture ; there is no œdema, and he retains his appetite and flesh.

*Needle in the Foot detected by a Magnetic Needle.*—Dr. GARRATT stated that a lady had recently called upon him for the purpose of having galvanism applied to her foot, she having suffered a number of years from apparent rheumatism and lameness of the part. The foot resembled closely an old rheumatic hand, being covered with moisture, smooth and painful. The first application of the galvanism caused unusual suffering, and, upon a more close inspection, a hard, white point was discovered just beneath the internal malleolus, which was by far the most painful spot when touched by the electrode. It was found to influence a magnetic needle when placed near it, and the patient was assured that some metallic substance must be imbedded there. Although she was entirely unaware of anything of the sort, he cut through the skin, and came immediately upon a fragment of a large needle, three fourths of an inch long. The patient then remembered that, seven years since, she was supposed to have run a needle into her foot between the first and second toes, as she had trodden upon some sharp substance at that time, and a piece of a needle had been found. Dr. Garratt was led to use the static needle in this case by finding how excessively sensitive this portion of the foot was to galvanism, as if the current were more strongly conducted there than elsewhere.

*Sudden Death.*—The President said he had been called, during the past week, to see a lady, aged about 35, who had suddenly fallen, in

Winter St. He answered the summons immediately, and found her dead. She had previously had repeated fainting fits, and had left the Music Hall, a few moments before, feeling faint. Fifteen years ago, she had a slight attack of mental aberration, accompanied by strabismus, the latter having disappeared during the past year. The attack was not of long duration.

Dr. Ellis, who made an autopsy in this case, said that a slight condensation of the cerebral matter of the right hemisphere was noticed, but there was no evidence of recent disease. Nothing was detected to account for her death, as often occurs in cases of sudden decease. The heart was dilated and filled with blood, and Dr. Ellis suggested that her death might have been caused by syncope.

*Hæmoptysis.*—Dr. Bowditch inquired if Dr. Ellis had observed, at the autopsy of the late Dr. Hosmer, of Watertown, any changes in the structure of the lungs to account for the copious hæmorrhage which he had in early life?

Dr. Ellis replied that the apices were adherent and somewhat emphysematous, but that no appearance of any past or present tuberculous infiltration existed. The immediate cause of death was ulceration and perforation of the gall-bladder.

Dr. J. B. S. Jackson remarked that hæmoptysis is often found to take place without a subsequent development of tubercles; so that it has come to be considered a less dangerous symptom here than in other places. He mentioned several persons now living in health, in whom this had taken place in early life. He said, moreover, that it did not follow that tubercular disease had never existed because no deposit is found after death; for both rational and physical signs prove that tubercular matter is absorbed at times during life.

Dr. Channing referred to the case of Dr. Dixwell, of Boston, in whom hæmoptysis, accompanied by emaciation, occurred at intervals of thirty and six years before his death, subsequently disappearing. He died of acute pneumonia. There were small cavities in the lungs, but no traces of tubercular deposit.

Dr. Bowditch also spoke of the absorption of tubercular matter, and the subsequent return of normal physical signs. He was much less certain about giving a positive prognosis in consumption now than formerly. He had condemned persons to certain death because of marked rational and physical signs of phthisis, and seen them walk into his office, years afterwards, completely recovered. In one notable instance a cavity had existed.

Dr. Shattuck gave an account of the case of a boy, with symptoms of phthisis, in whom severe hæmoptysis occurred, and caused sudden death. Dr. Bowditch mentioned similar cases, in which the pulmonary artery was found after death to have been cut off by ulceration within a cavity.

*Hæmatemesis.*—Dr. Warren mentioned the case of a young man in whom severe hæmatemesis came on after violent exercise in a gymnasium. He had seldom seen severe hæmorrhage from the internal organs in the male, he said, unless caused by some organic disease; whereas, as is well known, it may occur profusely in the female without being a serious symptom.

*Iridectomy.*—Dr. Williams reported a successful operation of iridectomy for glaucoma. (See this Journal of May 8th.)

*Bleeding from the Temporal Artery.*—Dr. Jackson spoke of and advocated the practice of bleeding from the temporal artery in cases of cerebral congestion, and of the substitution of this easily performed operation for the expensive employment of leeches.

*Colchicum in Acute Rheumatism—Veratrum Viride.*—Dr. Jackson also spoke of the treatment of acute rheumatism, and of the great variety of internal remedies that had been recommended. He had tried them all, more or less; and with some, that had been vaunted as heroic, he had most signally failed. Every one has observed, he remarked, how differently the same drug will act in apparently similar cases in the same season, and still more in different seasons. Colchicum was the one that of all others he was in the habit of using, and the powder of the root was the form of preparation that he very much preferred, being the most reliable. Many years ago, he saw a case of acute rheumatism that had been relieved several times by the wine of colchicum, but the disease returned in all its severity as soon as the effect of the medicine passed off; the powdered root was then substituted, and the relief was not merely rapid but permanent; the case being a particularly impressive one from some of the collateral circumstances. Dr. J. said that his partiality for this preparation of the drug dated from the time when he saw it used by Dr. James Jackson in his practice as physician of the Massachusetts General Hospital; other remedies were used, and also other preparations of colchicum, but the one referred to seemed to be the most effective. Half a drachm of the colchicum was mixed with two drachms of cream of tartar, and an adult would take this amount in twenty-four hours, in an acute attack; one fourth part every six hours, or one sixth every four. Diarrhœa, with more or less pain, will begin in about forty-eight hours, and some will say that the medicine relieves the disease like any other cathartic, but Dr. J. did not believe in this idea; occasionally there is nausea or giddiness, but still more often Dr. J. had seen the pulse become slow and halting, and sometimes quite irregular; this effect upon the pulse continuing perhaps for several days after the medicine is omitted, and being quite alarming to one who is not used to it, and as it was in the particular case above referred to. It did not, like veratrum viride, produce stricture of the chest. He had not found the latter drug so effective in reducing the heart's action as it had been stated to be by others. The preparation he had employed was the tincture.

Dr. Abbot said he had never found the veratrum to fail to lessen the frequency of the pulse in the cases in which he had tried it. He referred to the case of a woman under his care, suffering from pneumonia of the upper lobe of the right lung, with compression of the left by extensive pleuritic effusion, who suffered extremely from paroxysms of dyspnœa occasioned by attacks of violent palpitation. In this the veratrum viride acted like a charm, in a very short time checking the violent action of the heart, and limiting with the greatest precision the number of its beats, giving the patient great comfort. He had heard no complaint of its causing stricture of the chest, but he had known it to produce nausea. The preparation he was in the habit of employing was Thayer's fluid extract. Possibly different results might be caused by the tincture.

Dr. J. C. Dalton said that his early experience confirmed Dr. Jackson's in the use of colchicum in rheumatism. He generally used the powdered seeds.

*Delirium produced by Bitters.*—Dr. Rice stated that he had seen a case of delirium tremens arising from the use of "Langley's Bitters." This had been taken by the patient for several months in the quantity of nearly a quart daily.

*Hair-pin in the Vagina of a Young Girl.*—The President said he had recently been called to see a girl of nine years, who was unusually developed, who had a discharge from the vagina of two years' standing. Several physicians had been consulted without relief, none of whom, however, had ever examined the vagina. Exploration revealed a small black point between the labia minora, which proved, on extraction, to be a hair-pin, it having been introduced by the patient two years previously.

Dr. Warren, who removed the hair-pin, said he found the vagina very much hardened and contracted. The pin was large and encrusted. One leg of it had pierced the wall of the vagina, in the direction of the tuber ischii. By bending it, he managed to extract it with great exertion. But slight bleeding followed, and the patient recovered with no other inconvenience than a small abscess of the thigh.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 31, 1862.

Examination of Recruits.—We have noticed of late, in some of the daily papers, complaints of the rigor of the examining surgeons whose duty it is to inspect the recruits of our new levy. There seems to be an impression that men are rejected for the most trifling defects, and government interference is called for to check such a wanton setting aside of volunteers whose services are most urgently needed at the present moment. These feelings are very natural to unprofessional people, and to those who have got accustomed to some pet personal infirmity of their own, accommodating their habits to it, until they have come to regard it as hardly an infirmity at all. The public, of course, cannot be adequate judges of what should and what should not constitute physical disability for military duty. The experience of the past year has shown that the examination of men entering the army, instead of being too strict has not been strict enough. Hundreds of men have become a burden on the nation almost from the time of their enlistment, owing to the improper examination to which they had been subjected before being mustered into service. Look at the deaths or the cases of invalidism from phthisis, the men who have become disqualified from hernia, varicose veins, hæmorrhoids and other local infirmities, the evidence of which was overlooked or not regarded in its true light by the examiners, none of whom should have been allowed to enter the service. Instances are known of men who have been trading on their infirmities, by going from post to post until they find a surgeon ignorant enough to pass them, drawing their advance, breaking down in a short time, being discharged to save the public from a lasting burden, going off to another recruiting office, to go over the same game again. The bounty now so liberally offered for men to fill up our weakened regiments is a strong additional incentive to the lame, the halt and the blind, if they can only deceive the examiner, to come into the ranks, only to be discharged in a few weeks as worthless. An instance came under our eye a few days since, showing the great need of the most extreme caution and thoroughness on the part of the examining surgeons. A young man, whose face showed no decided evidence of sickness, called upon us for an examination of his lungs, to determine whether he had any pulmonary disease. He had had a slight cough for some months, but as yet the rational signs did not indicate any very serious trouble. On auscultation, there was unmistakable evidence of tuberculous disease and commencing softening at the left summit. On giving the patient a candid statement of the exact nature of his case and the threatening danger, he asked if he were well enough to enlist in the army. Our answer was unequivocally, "No. He would not live six months, exposed to the fatigues and privations of a campaign." "Well, doctor," was his reply, "I have enlisted, and, more than that, have been mustered into service." "But were you not examined by a physician first?" "Yes." "What did he think of the state of your lungs?" "Oh, he did not examine my lungs," was his reply. Now here is a man who ought to have been summarily rejected, who will take his bounty of a hundred dollars and more, and will be, in all probability, an inmate of a hospital within a month, never to be an active soldier. It is not probable that there was any intention to deceive, on the part of the recruit in this instance, but why may not such cases be of frequent occurrence if there be similar neglect on the part of the examiner? There was nothing about the young man's appearance to excite suspicion of phthisis, and the patient and his friends would very probably have been extremely indignant had he been rejected for his slight cough. No: let the examination be rigid, and guided by the principles of common sense and conscientiousness on the part of the examiner, so that on the one hand mere blemishes, however obvious, of no serious import, may not lead to the rejection of men essentially able-bodied, and on the other the latent germs and signs of serious disease, which the public would not be likely to notice, may not escape the educated eye of the physician, and may ensure rejection, no matter what unprofessional people may say.

Polypus of the Heart.—We published, last week, a case of sudden death under the head of "Polypous Growth in one of the Columnæ Carneæ," which should not have been allowed to appear without comment, and we hasten now to make amends for the inadvertence. We would remark, in the first place, that the case does not seem to have been very thoroughly examined before death. The patient, to quote the words of the article, "had been subject to occasional tumultuous action of the heart, with attendant dyspnœa; also to persistent attacks of flatulence, for which he had been treated by Dr. Vermilye. So far as I can learn, no critical examination of the sounds of the heart was ever instituted." We cannot forbear an expression of surprise that so important an examination should have been omitted, bearing as it does so directly upon the question of the cause of death. Of course there is nothing in the existence of the little fibrinous clot spoken of to account for it. Much larger ones in the right cavities of the heart, of a precisely similar character, of *post-mortem* origin, are common enough, and we see no reason to think the one found in the present case had any other origin. The effusion into the pericardium, the existence of which auscultation must have revealed before death, is much more likely to have caused the embarrassment of the heart's action, particularly when the attacks of flatulence are taken into the account. It does not appear that the urine was examined to determine the question of albuminuria, which may have existed without general dropsy. The alleged fatty degeneration of the right auricle is quite exceptional. This change is spoken of as confined to this part, and may well excite question among pathologists. General fatty degeneration of the muscular structure of the heart would account for sudden death; and in the present case, as there was no microscopic examination of the ventricular tissue, we cannot admit that it was certainly confined to the right auricle. On the whole we must say, that we do not consider the examination, either *ante-* or *post-mortem*, of this case, sufficient to determine the cause of death.

PROF. JEFFRIES WYMAN has published in *Silliman's Journal* a series of interesting experiments, on the formation of infusoria in boiled solutions of organic matter, enclosed in hermetically sealed vessels, and supplied with pure air. The following is the conclusion of his valuable paper:—

"The result of the experiments here described is, that the boiled solutions of organic matter made use of, exposed only to air which has passed through tubes heated to redness, or enclosed with air in hermetically sealed vessels and exposed to boiling water, became the seat of infusorial life.

"The experiments which have been described throw but little light on the immediate source from which the organisms in question have been derived. Those who reject the doctrine of spontaneous generation in any of the forms in which it has been brought forward, will ascribe them to spores contained either in the air enclosed in the flask, or in the materials of the solution. In support of this view it may be asserted, that it has been proved by the microscopical investigations of Quatrefages, Robin, Pouchet, Pasteur and others, that the air contains various kinds of organic matter, consisting of minute fragments of dead animals and plants, also the spores of cryptogamous plants, and certain other forms, the appearance of which, as Quatrefages says, suggests that they are eggs.* We have made some examinations of our own on this subject, but it would be unnecessary to give the results in detail. We will simply state, that we have carefully examined the dust deposited in attics, also that floating in the air collected on plates of glass covered with glycerine, and have found in such dust, in addition to the debris of animal and vegetable tissues, which last were by far in the greatest abundance, the spores of Cryptogams, some closely resembling those of Confervoid plants, and with them, but much less frequently, what appeared to be the eggs of some of the invertebrate animals, though we were unable to identify them with those of any particular species. We also found grains of starch in both kinds of dust examined, to the presence of which Pouchet was the first to call attention. When compared with the whole quantity of dust examined, or even with the whole quantity of organic matter, both eggs and spores may be said to be of rare occurrence. We have not in any instance detected dried animalcules which were resuscitated by moisture, and when the dust has been macerated in water none have appeared until several days afterwards, until after a lapse of time, when they would ordinarily appear in any organic solution.

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* See an abstract of Pasteur's researches on Spontaneous Generation, Silliman's Journal, xxxii., 1, 1861.

"Those who advocate the theory of spontaneous generation, on the other hand, will doubtless find, in the experiments here recorded, evidence in support of their views. While they admit that spores and minute eggs are disseminated through the air, they assert that no spores or eggs of any kind have been actually proved by experiment to resist the prolonged action of boiling water. As regards Vibrios, Bacteriums, Spirillums, &c., it has not yet been shown that they have spores; the existence of them is simply inferred from analogy. It is certain that Vibrios are killed by being immersed in water, the temperature of which does not exceed 200° F. We have found all motion, except the Brownian, to cease even at 180° F. We have also proved by several experiments that the spores of common mould are killed, both by being exposed to steam and by passing through the heated tube used in the experiments described in this article. If, on the one hand, it is urged that all organisms, in so far as the early history of them is known, are derived from ova, and therefore from analogy we must ascribe a similar origin to these minute beings whose early history we do not know, it may be urged with equal force on the other hand, that all ova and spores, in so far as we know anything about them, are destroyed by prolonged boiling: therefore, from analogy we are equally bound to infer that Vibrios, Bacteriums, &c., could not have been derived from ova, since these would all have been destroyed by the conditions to which they would have been subjected. The argument from analogy is as strong in the one case as it is in the other.

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The Universal Society of Ophthalmology, *Societé Universelle d' Ophthalmologie*, founded in Paris on the 12th of October, 1861, has published the following circular, which we copy with pleasure.

To the Medical Profession of the United States.—The object of the Universal Society of Ophthalmology is known to you, and we hope its foundation will mark the present year in the annals of Medical Science. We are fully satisfied that the Society will take, from its first meeting, the position which it has a right to ask among scientific bodies. We believe it is now the proper moment to solicit your help and sympathy.

We invite you to associate yourself with the Society, which will meet for the first time from the 30th of September to the 3d of October, 1862, in Paris.

Your desire to be enrolled on its list of membership is requested to be made known to one of the undersigned, who will forward it to the Central Committee.

Valentine Mott, M.D., 1 Gramercy Park,
Julius Homberger, M.D., 24 West 12th st.

*New York, May 20th*, 1862.

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Army Medical Department.—The following were confirmed as Assistant Surgeons in the United States Army:—Wm. H. Keene, Geo. L. Porter, and David S. Huntington, of Pennsylvania; T. W. Williams, of District of Columbia; Charles M. Colton, of Virginia; T. M. Brown, of Ohio; Charles S. Degraw, of New York; Edward C. Strode, of Illinois; Andrew H. Smith, of New York, and Van Buren Hubbard, of Ohio.

YALE MEDICAL HISTORICAL LIBRARY

Brigade Surgeon A. B. Crosby, late Medical Director Peck's Division, one of the most talented and energetic medical officers in the army, has resigned, and will return home immediately. Ira Perry, Contract Surgeon, has been assigned to the 2d R. I., as Act. Assist. Surgeon; J. G. Strowbridge to the 39th Ill.; J. W. Hinckley to the 13th Ind; Drs. Sargent, M'Collister and Pierce to the batteries under command of Major West.—*American Medical Times.*

Drs. Calvin Ellis and John Stearns, Jr., of this city, have left for the James River, to take charge of one of the hospital ships. They are in the service of the Sanitary Commission.

A suit for damages in a case of fracture of the leg followed by mortification and amputation, was lately brought before the Court of Common Pleas in Franklin County, Ohio, and resulted in a verdict for the defendant, Dr. G. W. Butler. It was claimed by the defendant on the trial, that a special contract was made with plaintiff, previous to treatment, releasing the former from all responsibility as to its result; and the validity of such a contract seems to have been allowed by the Judge, and the fact of its existence left with the jury to decide.

Syrian Olive Oil.—We have received from Mr. Henry D. Fowle, apothecary, a specimen of Syrian olive oil. In taste and soundness it seems to be equal to the best Italian oil.

## VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 26th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 32 | 45 | 77 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 43.6 | 39.5 | 83.1 |
| Average corrected to increased population, | .. | .. | 92.55 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 7 | 4 | 1 | 8 | 2 | 0 | 2 | 0 | 1 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending July 12th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 29.879 | Highest point of Thermometer, | 90.0 |
| Highest point of Barometer, | 30.110 | Lowest point of Thermometer, | 53 0 |
| Lowest point of Barometer, | 29.650 | General direction of Wind, | S.W. |
| Mean Temperature, | 73.4 | Am't of Rain (inches), | .3 |

For the week ending July 5th, omitted in our last issue:—Mean of barometer, 29.947; highest point of barometer, 30.398; lowest point of barometer, 29.536. Mean of thermometer, 66.2; highest point of thermometer, 81; lowest point of thermometer, 51. General direction of wind, W.S.W. Amount of rain (in inches), 1.8.

Pamphlets Received.—Amputation of the Cervix Uteri, by A. K. Gardner, M.D., of New York.—Review of the Case of Rev. Henry Burge, indicted for Murder in Lewis Co., N. Y.; by John Swinburne, M.D., Albany.—Valedictory Address to the Graduates in the Medical Institution of Geneva (N. Y.) College; by John Fowler, M.D., Prof. of Chemistry, &c.—Seventh Annual Report of the Births, Marriages and Deaths in the City of Providence, for the year 1861; by Edwin M. Snow, M.D.—Annual Register of the Rensselaer Polytechnic Institute, Troy, N. Y.

Deaths in Boston for the week ending Saturday noon, July 26th, 77. Males, 32—Females, 45.—Accident, 1—apoplexy, 1—inflammation of the bowels, 4—disease of the brain, 2—inflammation of the brain, 1—cancer, 1—cholera infantum, 4—cholera morbus, 4—consumption, 7—convulsions, 5—croup, 1—diarrhœa, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—dysentery, 2—epilepsy, 1—scarlet fever, 8—hernia (strangulated), 1—infantile disease, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—measles, 1—old age, 1—paralysis, 2—pleurisy, 1—puerperal disease, 1—tabes mesenterica, 1—thrush, 1—inflammation of the uterus, 2—unknown, 4—whooping cough, 2.

Under 5 years of age, 40—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 60—Ireland, 15—other places, 2.

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